

**Clinton Police Department  
Property and Evidence**

**PROPERTY AND EVIDENCE RETURN REQUEST**

Please note, property and evidence releases are only done by appointment Tuesdays and Thursdays from 9:00 AM ó 11:00 AM. Once this form is submitted and the case is researched, you will receive a follow up call at the phone number you provide below. At that time, a scheduled appointment will be set to pick up property that is authorized for release. If you cannot come between these hours, please fill out the section below to designate a person to pick up the items on your behalf. A state issued photo ID is required for release of property and must be presented at the time of pick up.

**THIS FORM MUST BE FILLED OUT COMPLETELY FOR ALL PROPERTY AND EVIDENCE RETURNS.**

**Date:** \_\_\_\_\_ **Approx. Date of Incident:** \_\_\_\_\_ **Case #: CL** \_\_\_\_\_  
**Location of Incident:** \_\_\_\_\_ **Apartment/Unit #** \_\_\_\_\_  
**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_  
**Your Address:** \_\_\_\_\_ **Apartment/Unit #** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Best Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

Please list the property and evidence for release and your claim of rights to the property.

Property	Claim to Property
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____
	<input type="checkbox"/> Owner <input type="checkbox"/> Finder <input type="checkbox"/> Possessor <input type="checkbox"/> Other: _____

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am unable to pick up my property during assigned property and evidence release times of Tuesdays and Thursdays from 9:00 AM – 11:00 AM. I authorize my items to be released to the following person:

**Name:** \_\_\_\_\_ **Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**

**Requestor's signature authorizing release:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please provide a copy of your state issued ID with this form if the property will be released to someone else.

**ITEMS NOT PICKED UP WITHIN THIRTY (30) DAYS OF MISSED APPOINTMENTS THAT ARE NOT RE-SCHEDULED SHALL BE CONSIDERED ABANDONED AND DISPOSED OF ACCORDINGLY.**