

GEORGIA DEPARTMENT OF CORRECTIONS
OFFENDER PROPERTY DISPOSAL AGREEMENT

I, _____ NUMBER _____

have been notified by _____ on _____
that the items listed below are contraband and that I have thirty (30) days to do one of the following:

- (1) Authorize postage and provide an address for the items to be mailed out of the institution.
The items must be mailed within thirty (30) days of the date of this notice.
- (2) Arrange to have the items picked up. The items must be picked up within thirty (30) days of the date of this notice. Advise the Property Room Office of the name of the person who will pick up the items and the date they will be picked up.

If you do not choose either option within seven (7) days, the items shall be destroyed after thirty (30) days.

OFFENDER'S SIGNATURE: _____ CHECK OPTION (1) _____
CHECK OPTION (2) _____
DONATE/DESTROY NOW _____

DATE: _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

_____ DATE MAILED	_____ OFFICER'S SIGNATURE	_____ OFFENDER'S SIGNATURE
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_____ DATE PICKED UP	_____ OFFICER'S SIGNATURE	_____ VISITOR'S SIGNATURE
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_____ DATE DESTROYED	_____ OFFICER'S SIGNATURE	_____ OFFENDER'S SIGNATURE
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WITNESS SIGNATURE

I certify that I have received the above listed personal property that has been stored for me during my incarceration at this facility.

DATE OF TRANSFER: _____ OFFENDER SIGNATURE _____

Form no. PI-1166