Property Form

Episode Number:

Circle Type: Evidence Confiscated Recovered Found Stored Lost

Name: **Facility:** **Date & Time:**

Location where items were:

Item #	Quantity	Property Description

Chain of Custody

Item #	Date	Released by (name, title)	Received by (name, title)	Purpose

Final Disposal Action/Authority

Item(s): _____

is/are no longer required and may be disposed of as indicated above.

X _____ **Date:** _____

Name and Title

Witness

X _____ **Date:** _____

Name and Title

Form 05-09A Revised 2/17/17