Print Form

BEXAR COUNTY ADULT DETENTION CENTER PROPERTY RELEASE FORM

INMATES NAME	SID NUMBER	DATE/TIME
NAME OF PERSON TO RECEIVE PROPERTY	RELATIONSHIP	TDL#ID#

I HEREBY AUTHORIZE THE RELEASE OF _____

_____ ,

FROM MY PERSONAL PROPERTY TO THE ABOVE NAMED INDIVIDUAL FOR THE PURPOSE OF

_____ .

INMATES SIGNATURE	DATE/TIME	APPROVED BY

****

DESCRIBE ALL PROPERTY GIVEN: _____

_____

_____

BANKING CLERK/OFFICER	BADGE NO.	DATE/TIME
INFORMATION DESK RELEASING OFFICER	BADGE NO.	DATE/TIME
SIGNATURE OF PERSON RECEIVING PROPERTY		DATE/TIME

FORM 351-011 (Revised Sept. 89)