

BARTHOLOMEW COUNTY COURT SERVICES Community Corrections Center Authorization to Release Personal Property

I authorize Bartholomew County Community Corrections Center to release my personal property to the person listed below. I understand that Bartholomew County Community Corrections will not release my personal property to anyone without my written consent. I understand that confiscated property **WILL NOT** be returned.

Name:	Relationship:
Address:	Telephone Number:
Program Participant Name:	
Program Participant Signature:	
Date Signed:	
Witnessed By:	
<><><><><><><>	<><><><><><><><><>
Property Released To:	
Signature:	
Staff Signature:	Date: Time: