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. _______________________________________

2. _______________________________________

3. _______________________________________

4. _______________________________________

5. _______________________________________

6. _______________________________________

7. _______________________________________

8. _______________________________________

9. _______________________________________

10. ______________________________________

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

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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

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file.