

REQUEST FOR RETURN OF PROPERTY



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SHIAWASSEE COUNTY

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[Empty text box for Name of Person Requesting Return of Property]

Name of Person Requesting Return of Property

[Empty text box for Phone Number of Person Requesting Property]

Phone Number of Person Requesting Property

[Empty text box for Street No. and Street of Person Requesting Property]

Street No. and Street of Person Requesting Property

[Empty text box for Email Address of Person Requesting Property]

Email Address of Person Requesting Property

[Empty text box for City/State/ZIP of Person Requesting Property]

City/State/ZIP of Person Requesting Property

[Empty text box for Suspect Name (if known)]

Suspect Name (if known)

[Empty text box for Police Agency]

Police Agency

[Empty text box for Police Report Number]

Police Report Number

Description of Property Sought to be Returned (include make/model/serial number, if available):

[Large empty text box for Description of Property]

I, the below signed individual, certify as follows:

- (1) I request the return of the above-described property. (2) I am the person whose name appears above and I have an ownership or possessory interest in the above-described property. (3) I consent to being contacted, during normal business hours, by a representative of the Shiawassee County Prosecutor's Office at the telephone number or e-mail address listed above.

[Empty text box for Date]

Date

[Empty text box for Electronic Signature]

Electronic Signature

FOR PROSECUTOR OFFICE USE ONLY

[] The prosecutor's Office has no need to retain any of the requested items as evidence. Evidence release is in the discretion of the police agency in possession of these items.

[] Please photograph the evidence before release.

[] The Prosecutor's Office certifies a need to retain all of the requested items as evidence and requests the police agency in possession of the evidence not to release the requested items.

[] The Prosecutor's Office certifies a need to retain the following requested items as evidence and requests the police agency in possession of the evidence not to release the following requested items:

[Empty text box for following requested items]

[] Other: [Empty text box]

Date: _____ Reviewing attorney: _____

Fill out this document and save it to your device. The e-mail it to scpa@shiawassee.net. Alternatively, send a printed copy of this form to the Shiawassee County Prosecuting Attorney's Office at the address above.