Portales Police Department

PROPERTY RETURN

LAST NAME	FIRST NAME	MIDDLE NAME
_____	_____	_____

NUMBER & STREET (current address not a post office box)	CITY & STATE	ZIP CODE	Phone Number
_____	_____	_____	_____

Portales Police case number_____

Item #	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RETURN FOR COURT: I agree to maintain possession and not alter, pawn, or loan to anyone the listed property. I understand that I must be able to produce the Property in a Court of law in the event of a trial. _____

BLOOD BORNE PATHOGENS: The Portales Police Department Evidence Technician has advised me of the potential for blood borne pathogen exposure due to the possibility of biological contamination of the listed property. It is my sole decision to take possession of these items and I agree to hold harmless, indemnify, and defend the City of Portales, and its employees on behalf of myself, my heirs, estate, or personal representative for any occurrence arising or alleged to arise out of the return of the listed property. _____

OWNER RELEASE TO SECOND PARTY: The listed property was taken from me by the Portales Police and I agree to allow _____ take possession of the property in my interest, and I release the Portales Police Department of all responsibility and Liability for releasing the property to said person: _____

(Printed Name of Owner) (Signature of owner)

POSSESSION BY SECOND PARTY: I agree to take possession of the listed property in the best interest of the owner _____ and I will take full responsibility of property listed. _____

(Name of owner) (Signature of second party)

I certify that the above is true and correct and that I am the rightful owner or have legal claim to the above listed property. I also understand that the making of a false or written statement or exhibiting false or misrepresented identification may be punishable as a crime.

SIGNATURE: _____ DATE _____ TIME _____

Subscribed, and sworn to, before me this _____
Day of_____
By_____

My commission expires_____

_____
NOTARY

_____
Printed Name of Wittiness of Release

_____
Signature of Wittiness of Release

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