



Olympia Police Department Authorization to Release Property

I, _____, being unable to personally retrieve my property from the Olympia Police Department, grant permission to the following person to pick up the following property:

CASE #(s): _____ CONTROL #(s): _____

PROPERTY DESCRIPTION: _____

RELEASE TO: _____
Name Phone

I understand the Olympia Police Department is not liable for loss or damage of property after release.

Printed Name

DOB

Signature

Date

MAIL TO:
OLYMPIA POLICE DEPARTMENT
ATTN: EVIDENCE OFFICE
P.O. BOX 1967
OLYMPIA, WA 98507-1967

FAX TO: (360)570-3704