

**Ector County Sheriff's Office
Detention Center
Prisoner's Property Release Form**

Prisoner's Name: _____ SO #: _____ Cell #: _____

Authorized To Be Released To:

Name: _____ DOB: _____

Address: _____

City, State: _____ DL/ID #: _____

Property Listed Below

Money: Amount in Account: _____

 Amount Released : _____

 Account Balance : _____

(Prisoner's Signature)

(Detention Officer's Signature)

Describe EACH Item Released

- | | |
|-----------|-----------|
| 1. _____ | 21. _____ |
| 2. _____ | 22. _____ |
| 3. _____ | 23. _____ |
| 4. _____ | 24. _____ |
| 5. _____ | 25. _____ |
| 6. _____ | 26. _____ |
| 7. _____ | 27. _____ |
| 8. _____ | 28. _____ |
| 9. _____ | 29. _____ |
| 10. _____ | 30. _____ |
| 11. _____ | 31. _____ |
| 12. _____ | 32. _____ |
| 13. _____ | 33. _____ |
| 14. _____ | 34. _____ |
| 15. _____ | 35. _____ |
| 16. _____ | 36. _____ |
| 17. _____ | 37. _____ |
| 18. _____ | 38. _____ |
| 19. _____ | 39. _____ |
| 20. _____ | 40. _____ |

Record any Additional on Back of Form

I acknowledge that I have inventoried the above listed items and/or money and these items were released on _____
at _____ AM / PM.

(Pick Up Person's Signature)

(Detention Officer's Signature)