



APPLICATION FOR RELEASE OF PROPERTY

Section I: IF YOU ARE THE PROPERTY OWNER YOU MUST COMPLETE SECTION I AND SIGN BELOW UNDER "AFFIRMED UNDER PENALTY OF PERJURY"

Name of Person Seeking Release of Property: _____

Address: _____

Home/Cell Phone #: _____ Case DR#: _____ Person(s) Associated with Case DR#: _____

Incident/Offense: _____ Date of Incident/Offense: _____ Police Agency Holding Property: _____

PROPERTY TO BE RELEASED

ARE YOU THE OWNER OF THIS PROPERTY? (Check one) YES NO (Continue to Section II)

Section II:

NOTE: IF YOU ARE NOT THE OWNER BUT HAVE BEEN CHOSEN BY THE PROPERTY OWNER TO RECOVER HIS/HER PROPERTY, YOU **MUST OBTAIN THE SIGNATURE OF THE PROPERTY OWNER IN THE SPACE BELOW** AND YOU **MUST** SIGN BELOW UNDER "AFFIRM UNDER PENALTY OF PERJURY" THAT YOU, IN FACT, HAVE BEEN CHOSEN TO RECOVER THE PROPERTY BY THE OWNER.

AUTHORIZATION OF PROPERTY OWNER AUTHORIZING DESIGNEE TO RECOVER PROPERTY

I AM THE OWNER OF THE PROPERTY SOUGHT TO BE RELEASED. I HEREBY REQUEST THE RETURN OF THE ABOVE PROPERTY. PLEASE RELEASE THE ABOVE PROPERTY TO MY AUTHORIZED DESIGNEE:

Name of Property Owner: _____

Name of Authorized Designee: _____

Relationship of Designee to Property Owner: _____

*** Signature of Property Owner: _____

AFFIRMATION OF PROPERTY OWNER OR DESIGNEE

I AM THE OWNER OF THE PROPERTY SOUGHT TO BE RELEASED OR HIS/HER AUTHORIZED DESIGNATED REPRESENTATIVE AUTHORIZED BY THE OWNER TO RECOVER HIS/HER PROPERTY.

AFFIRMED UNDER PENALTY OF PERJURY
THIS _____ DAY OF _____, 20_____

(Signature)

False Statements made herein are punishable as a Class A Misdemeanor pursuant to New York State Penal Law Section 210.43.

***** FOR DISTRICT ATTORNEY'S OFFICE USE ONLY ***
ASSISTANT DISTRICT ATTORNEY MUST COMPLETE SECTION III OF THIS APPLICATION**

Section III:

CASE DR#: _____ PERSON(S) ASSOCIATED: _____

RELEASED CLEARED BY LAW & APPEALS BUREAU: _____ RELEASED APPROVED: _____ RELEASE **NOT** APPROVED _____

COMMENTS: _____

Special Instructions to Police Agency Prior to Release:

() Photograph Property () List Serial # of Property (if any) () Other _____

Date: _____ ASSISTANT DISTRICT ATTORNEY (Print Name): _____

ASSISTANT DISTRICT ATTORNEY (Signature): _____

***** DISTRICT ATTORNEY'S OFFICE OFFICIAL STAMP MUST APPEAR BELOW *****