



PROPERTY RELEASE APPLICATION

YOUR NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

CASE ARREST NUMBER: (DR#) _____

NAME OF PERSON ARRESTED: _____

INCIDENT/OFFENSE TYPE: _____

DATE OF INCIDENT/OFFENSE: _____

POLICE AGENCY HOLDING PROPERTY: _____

PROPERTY TO BE RELEASED: _____

ARE YOU THE OWNER OF THIS PROPERTY?

IF YOU ANSWER YES SIGN BELOW:

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

Signature

IF YOU ANSWER NO: You MUST run off a paper copy of this form and have the PROPERTY OWNER fill out and sign the below and return to the District Attorney's Office, 505 South State Street, Syracuse, NY 13202:

Name of Property Owner: _____

Name of Authorized Person to pick up property: _____

Relationship: _____

SIGNATURE OF PROPERTY OWNER: _____