

# Logansport Police Department



TRAVIS YIKE,  
CHIEF OF POLICE

SHAWN HEISHMAN,  
ASST. CHIEF

## Request for Release of Property

**Return to:**

Evidence Department  
Logansport Police Department  
601 E Broadway, Logansport, IN 46947  
FAX: 574-753-0513 Email: [bsmith@logansportpolice.com](mailto:bsmith@logansportpolice.com)

Date of Request: \_\_\_\_\_

**Instructions:** Fill out this form and submit it with all the **NECESSARY DOCUMENTS** (*court order, disposition of case paper work, valid photo ID, proof of ownership, legal paperwork, etc*) When your property is ready to be picked up, we will call you to set up an appointment for pick up. **We only release property to the owner we have listed in our system or their designated party.**

**REQUESTS FOR FIREARMS & DEADLY WEAPONS IN DV CASES:**

If the property you are seeking to have returned is a firearm or deadly weapon that was seized pursuant to a domestic violence or stalking related case or order, **you must get an order from the court** for the firearm to be returned. **You must attach a copy of the order or GRANTED motion to this form.** Requests of this nature that are not submitted with an order or granted motion from the court will not be processed.

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Case # (if known) \_\_\_\_\_

Detailed Property Description (Name, Brand, Model, Serial #, Color, Description, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inter-Office USE ONLY**

Property Released: Y / N

Date Processed: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

Reason not Released: \_\_\_\_\_