

Logansport Police Department

SHAWN HEISHMAN,
CHIEF OF POLICE



JASON SHIDELER,
ASST. CHIEF

Request for Release of Property

Return to:

Evidence Department
Logansport Police Department
729 High Street, Logansport, IN 46947

FAX: 574-753-0513 Email: jrozzi@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: _____