

# 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: [irozzi@logansportpolice.com](mailto:irozzi@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:** \_\_\_\_\_