

Garden City Police Department

100 CENTRAL AVENUE GARDEN CITY, GEORGIA 31405



PROPERTY RELEASE FORM

Date:	
Property Owner:	
Person claiming the property (If different from the o	owner):
DOB:	_
Social Security Number:	
Address:	
Phone Number:	
Driver's License Number:	State:
Case Number:	
Description of the property that you are claiming: _	
RECEIPT UNDER PENALTY OF PURJURY I cowner / guardian of the property listed above, and to property from the Garden City Police Department.	
Owner Signature	Date
****** FOR OFFICE U	SE ONLY ******************
Action Taken:	
Voucher number of items returned:	
Date returned:	
Name & Signature of the evidence custodian return	ing the property: