STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

RECEIPT FOR PERSONAL PROPERTY

Institution/Facility:	
Inmate Name and Number:	
I. I, the undersigned, do hereby property belonging to me at:	acknowledge receipt of all personal
	, Florida
Institution/Facility	City or Town
This, theday of	, 20
Signature of Inmate Receiving Pro	operty Number
<pre>II. I, the undersigned, do hereby acknowledge receipt of all personal property belonging to me with the exception of:</pre>	
at	, Florida
Institution/Facility	City or Town
This, theday of	, 20
Signature of Inmate	Number
The property belonging to the above-named individual has been inspected by me on this date. All property that is being transported with this individual has been found to be his personal property and such property is authorized.	
Signature of Inspecting Officer	Rank Date
Distribution: Original - Inmate Property File Copy - Inmate	

DC6-227 (Revised 11-00) Incorporated by Reference in Rule 33-602.201, F.A.C.