

Grain Valley Police Department
Property Release Request

NAME _____

DOB _____

SSN _____

CONTACT INFORMATION

Home # _____

Address _____

Work # _____

Cell # _____

CASE TYPE _____

CASE # _____

| PROPERTY | SERIAL # |
|----------|----------|
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Do you have or can you provide one of the following:

_____ Proof of Ownership

_____ Affidavit showing ownership

Office Use Only:

Initial _____

Date _____

Copy of ID Attached _____

Copy of Ownership Attached _____