Ector County Sheriff's Office
Detention Center
Prisoner's Property Release Form

Prisoner's Name: _____ **SO#:** _____ **Cell #:** _____

Authorized To Be Released To:

Name: _____ **DOB:** _____

Address: _____

City, State: _____ **DL/ID#:** _____

☐ **Property Listed Below**
☐ **Money:** **Amount in Account:** _____

Amount Released : _____

Account Balance : _____

_____ _____
(Prisoner's Signature) **(Detention Officer's Signature)**

Describe EACH Item Released

1.	_____	21.	_____
2.	_____	22.	_____
3.	_____	23.	_____
4.	_____	24.	_____
5.	_____	25.	_____
6.	_____	26.	_____
7.	_____	27.	_____
8.	_____	28.	_____
9.	_____	29.	_____
10.	_____	30.	_____
11.	_____	31.	_____
12.	_____	32.	_____
13.	_____	33.	_____
14.	_____	34.	_____
15.	_____	35.	_____
16.	_____	36.	_____
17.	_____	37.	_____
18.	_____	38.	_____
19.	_____	39.	_____
20.	_____	40.	_____

record any additional on back of form

I acknowledge that I **have inventoried** the above listed items and/or money and these items were released on _____ at _____ AM / PM.
(Date) **(Time)**

_____ _____
(Pick Up Person's Signature) **(Detention Officer's Signature)**