



**PROPERTY APPEAL**

Name		DOC number	<b>COMPLETED BY DEPARTMENT</b> Date of notification: _____ Date appeal filed: _____ Date response given: _____
Facility	Living unit	Case number	

<b>COMPLETED BY INCARERATED INDIVIDUAL</b>	
Property description	
<hr/> <hr/> <hr/> <hr/>	
Reason for appeal:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Signature _____	Date _____

<b>RESPONSE</b>		
Appeal decision: <input type="checkbox"/> Upheld <input type="checkbox"/> Reversed		
Reason(s)		
<hr/> <hr/> <hr/> <hr/>		
Superintendent/designee _____	Signature _____	Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Property file    **COPY** - Incarcerated individual