



# Hollister Police Department

## REQUEST FOR RELEASE OF CLAIMED/SEIZED PROPERTY



<b>Date:</b>	<b>Date of incident:</b>	<b>Case#</b>
<b>Location of incident:</b>		<b>Number of Items:</b>

### REQUESTING APPLICANT INFORMATION

<b>Name:</b>		<b>DOB:</b>			
<b>Address:</b>					
<b>Email:</b>		<b>Cell Phone:</b>			
Original Owner of Property: _____ (If different than Applicant)					
		<b>NAME</b>	<b>PHONE NUMBER</b>		
<b>Description of Property/Items</b> (Check all that apply)	<input type="checkbox"/> FIREARM	<input type="checkbox"/> KNIFE/WEAPON: DESCRIBE:	<input type="checkbox"/> CURRENCY AMOUNT:	<input type="checkbox"/> OTHER EXPLAIN:	
	<input type="checkbox"/> CELLULAR DEVICE				
	<input type="checkbox"/> COMPUTER DEVICE				
<b>PROSECUTING DIVISION</b> <input type="checkbox"/> CITY OF HOLLISTER <input type="checkbox"/> TANEY	IF ITEM IS A FIREARM OR WEAPON PLEASE CIRCLE THE CORRECT RESPONSE FOR THE FOLLOWING QUESTIONS	HAVE YOU USED DRUGS OR ILLEGAL SUBSTANCES IN THE LAST YEAR? YES    NO DO YOU FEEL YOU ARE A THREAT TO YOURSELF OR OTHERS? YES    NO			
<b>Court Disposition Of Charges</b>	<input type="checkbox"/> PENDING <input type="checkbox"/> DISMISSED	<input type="checkbox"/> CONVICTED/CLOSED <input type="checkbox"/> NO CHARGES FILED/DROPPED	<input type="checkbox"/> Other Explain:		
<b>Certification</b>	I certify that under penalty of perjury that I am or represent the party of interest identified in the information listed here and I was truthful with the information I have provided.				
	<b>Signature</b>			<b>Date:</b>	

**Upon completion, please submit this form in writing or via email to the Hollister Police Department Records Division.**

**Once your request has been processed and is able to be released, you will be contacted by the Hollister Police Department Records Division to schedule a time for pickup. Please be patient as this involves contacting and receiving proper documentation from the Prosecuting Attorney, Judge, and Court Clerks.**

**Contact information:**

**Joanna Tate  
Police Records Specialist  
240 Hollister Pointe Dr.  
Hollister, MO 65672  
PH: 417-334-3000 EXT: 1012  
Email: hpdrecords1@cityofhollister.com**

**ADMINISTRATIVE OFFICE  
USE ONLY**

**RECORDS DEPT**

**LOCATION OF ITEMS:** \_\_\_\_\_

**NOTICE OF DISPOSTION RECEIVED: YES/NO**  
**IF NO, STATUS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE SCHEDULED FOR PICKUP:** \_\_\_\_\_

**DISPATCH**

**MULES CRIMINAL BACKGROUND AND NCIC FIREARM  
CHECK COMPLETED BY:**

**NAME:** \_\_\_\_\_ **DSN:** \_\_\_\_\_ **DATE/TIME:** \_\_\_\_\_

**INDICATED FELON: YES / NO**

**NICS DENIED: YES / NO**

**ITI SEARCH FOR PRIOR DRUG ACTIVITY IN LAST  
YEAR: YES / NO**

**FIREARM/ITEM STOLEN: YES / NO**

**PROPERTY RELEASE FORM COMPLETED: YES / NO**