



Hollister Police Department

REQUEST FOR RELEASE OF CLAIMED/SEIZED PROPERTY



Date:	Date of incident:	Case#
Location of incident:		Number of Items:

REQUESTING APPLICANT INFORMATION

Name:		DOB:		
Address:				
Email:		Cell Phone:		
Original Owner of Property: _____ (If different than Applicant) NAME PHONE NUMBER				
Description of Property/Items (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"/> TOOLS/HARDWARE	<input type="checkbox"/> IDENTIFICATION DOCUMENTS	
PROSECUTING DIVISION <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		
Court Disposition Of Charges	<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:	
Certification	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.			
	Signature			Date:

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:

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Police Records Specialist
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