Cambridge Police Department
Property Release Form

File Number:

Date of release:

Reason for release:

Property to be returned/released:

Qty: **Description:**
Qty: **Description:**
Qty: **Description:**
Qty: **Description:**
Qty: **Description:**

Property to be returned/released to:

Name:

DOB:

Address:

City:

State:

Zip:

Type of Identification:
Identification number:

Name of person property returned/released to:

Signature:_____**Date:**_____

Name of person releasing property:

Signature:_____**Date:**_____