**INCOMING EVIDENCE FORM**

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| Your Logo Here |  | Your Address Here |

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| [Agency name] Case #: |  | | | Originating Agency Case #: | | |  | |
|  | | | | | | | | |
| Person Delivering Evidence: | | |  | | | Division / Agency: |  | |
|  | | | | | | | | |
| Date Evidence Received: | |  | | | Time Evidence Received: | | |  |

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| Item # | Qty. | Description | Location Stored |

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| Item # | Released To | Date/Time | Signature |
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| Person Accepting Evidence: |  | Signature: |  |