Return to Sender Notification

Date): 		
To:			
Fron		0. "	
	Postal Clerk/S	Staff	
corre may l	spondence m be received the	ust be returned. Our	cions regrets to inform you that your policies and procedures limit the items that ur correspondence contained the following
	☐ Stamps	□ Cash	☐ Stamped Cards
	☐ Stamped E	nvelopes (not from the	Innocence Project)
	☐ Magazines	(not from vendor)	☐ Envelopes with stickers
	☐ Unsigned N	Money Order(s)	☐ Unauthorized Correspondence
	☐ Suspected	contamination with bod	y fluids
	☐ Other:		
	_		
Inma	ate Name/ODO	C #:	
		Envelope - □ \$.05	LI \$.10:
		Postage:	
		TOTAL COST:	
		verable items will be reference from the trust fund whe	eturned. Costs will be assessed against the en funds are available.
Inmate	Signature	Date	Date Mailed Out
CC:	Trust Fund Mail Room Inmate		

(R 12/21)