BASTROP POLICE DEPARTMENT
EVIDENCE RETURN REQUEST

First name: _____ Last name: _____ D.O.B: _____

Address: _____

City: _____ State: _____ Zip Code: _____

What is your preferred method of contact?

☐ Cellphone
☐ Email

What is the Bastrop Police Department case number? _____

Were you arrested? ☐ Yes ☐ No
(If your items were taken into custody as a result of your arrest, please select “yes”.

Are you the owner of the firearm? ☐ Yes ☐ No

Do you have proof of ownership? ☐ Yes ☐ No

Are you claiming the items on behalf of someone else? ☐ Yes ☐ No

Was someone else arrested? ☐ Yes ☐ No
(If the items were taken into custody as a result of someone else’s arrest, please select “yes”)

Do you have a court order release for the item? ☐ Yes ☐ No

What specific items are you looking for?

_____
_____
_____

Have you spoken to the evidence staff member about the item? ☐ Yes ☐ No

Please provide your phone number and email address:

_____