

**IDAHO DEPARTMENT OF CORRECTION**

**Property Storage Box Form**

Inmate Name: \_\_\_\_\_

IDOC #:

Box #: \_\_\_\_\_ of \_\_\_\_\_ Boxes

Sending Facility: \_\_\_\_\_

Receiving Facility: \_\_\_\_\_

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Staff Associate #: \_\_\_\_\_

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Inmate Name: \_\_\_\_\_

IDOC #:

Box #: \_\_\_\_\_ of \_\_\_\_\_ Boxes

Sending Facility: \_\_\_\_\_

Receiving Facility: \_\_\_\_\_

Date: \_\_\_\_\_ Staff: \_\_\_\_\_

Staff Associate #: \_\_\_\_\_