FORM 1755 (.0-/1)

This record must accompany the inmate's records when he or she is transferred.

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONQ ?LB AMK KSL¢RW QSNCPT¢Q¢ML

NON-FOOD PACKAGE RECORD

_____ Correctional Facility

Name		DIN	Cell	Shop
Date Received	Transferred To:		Date	Sheet/Page #

NOTICE TO INMATE

By signing below, you must affirm that:

- These articles are for my personal use only, and

- I am not exceeding property limits per Dir. #4913

AMT.	ARTICLE	DATE	FROM WHOM RECEIVED	VIA	REC'D BY	ISSUED BY	INMATE'S SIGNATURE	DATE

FORM 1755 (07/10)

This record must accompany the inmate's records when he or she is transferred.

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

NON-FOOD PACKAGE RECORD

_____ Correctional Facility

Name	DIN	Cell	Shop
Date Received	Transferred To:	Date	Sheet/Page #

NOTICE TO INMATE

By signing below, you must affirm that:

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