FORM 1755V (2/13)

Ref. Directive #4911

_____CORRECTIONAL FACILITY

The below described article(s) were received through the package room for:

Inmate Name: _____DIN:_____

Description of Article(s) (Serial #, if avail.)	Receipted Value*
1._____	_____
2._____	_____
3._____	_____
4._____	_____

I certify that the value of each article identified above is its true value as stated in the receipt(s) I have provided or that accompanied the package, and as transcribed on this form. In addition, I do for myself, my heirs, executors, administrators and assigns, release and discharge the State of New York, its officers, agents and employees from any claim exceeding the value stated herein when such loss, damage or theft arises wholly or in part through the negligence of the State of New York.

_____ _____

Inmate Signature Date

_____ _____

DIN Package Room Officer

*Receipted value shall not include tax or shipping and handling costs.
Value may not exceed established Departmental limits per article.

Original - Package Room File
Duplicate - Inmate