FORM 1755 (06/21)

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Correctional Facility

NON-FOOD PACKAGE RECORD

This record must accompany the
incarcerated individual'srecords wher
they are transferred.

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

NOTICE TO INCARCERATED INDIVIDUAL

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	INCARCERTAED INDIVIDUAL'S SIGNATURE	DATE

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