FORM 2045 (03/15)
Photocopy Locally As Needed

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**LAUNDRY COUNT – BLOCK**

DATE: HOUSING UNIT:

| CELL LOCATION OR DIN | WHITE BAGS | GREEN BAGS | TOTAL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |