

Housing Authority of _____

Evidence Chain of Custody Tracking Form

Date/Time Removed: _____ Location of Removal: _____

Evidence Removed: _____

Submitting Employee: _____

Description of Evidence

Item #	Quantity	Description of Item (Model, Serial #, Condition, Marks, Scratches)

Chain of Custody

Item #	Date/Time	Released by (Print & Sign)	Received by (Print & Sign)	Comments/Location

Property belongs to the above named housing authority. Once duplicated or used as evidence, please return to: _____