



## Property Claim Form Clallam County Sheriff's Office

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You can seek the return of your property by completing this form and returning it to the Clallam County Sheriff's Office, 223 East 4th Street, Suite 12 Port Angeles, WA 98362. The review process can take up to four weeks (firearms may take longer); complete and accurate information will expedite the process. You will be contacted during regular business hours once a decision has been made regarding the release of property.

If the property taken is contraband or illegal to possess, it will be destroyed. Failure to claim property in a timely manner may result in forfeiture (RCW 63.40).

The return of firearms is controlled by RCW Chapter 9.41, which prohibits possession of firearms by convicted felons, persons convicted of domestic violence offenses, and persons subject to certain court orders. A background check is required prior to return of any firearm.

NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_ \_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SHERIFF'S OFFICE CASE NUMBER \_\_\_\_\_

DATE PROPERTY TAKEN \_\_\_\_/\_\_\_\_/\_\_\_\_

Are Criminal Charges Pending regarding this incident? Yes \_\_\_\_ No \_\_\_\_ Not Known \_\_\_\_

Describe the charges that have been filed or are pending, and the corresponding cause numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Not Known \_\_\_\_\_

Describe the property sought to be released and your legal interest in it:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Do you have Court paperwork regarding your property? Yes \_\_\_\_ No \_\_\_\_

Completion of this form is not a guarantee of return of property. Return of property is governed by Sheriff's Office policy and the Laws of Washington State.



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I, the above named, declare under the penalty of perjury under the laws of the state of Washington that I have possessory interest in, or am the owner of the aforementioned property and am entitled to lawful possession of such property and that the information provided herein is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Schedule property return appointment \_\_\_\_\_ By \_\_\_\_\_

Notes: