	المستستدين المستناء		CTIONS AND REHABILITATION
STATE OF CALIFORNIA NOTIFICATION OF DISAPPROVAL - MAIL/PACKAGE/I CDCR 1819 (Rev. 06/15)	. .	·	· · · · · · · · · · · · · · · · · · ·
INMATE'S NAME	CDC NUMBER	HOUSING	
		and the second	e cases only)
MAIL/PACKAGES SI	CIION (Complete t		NG MAIL/PACKAGE
INCOMING MAIL/PACKAGE			
LIST ITEM(S) WHICH MEET DISAPPROVAL CRITERIA	· ·		
DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL C	RITERIA, INCLUDE CCR, TITLE 15 SECTIO	N	
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		ER INFORMATION	rikanyan katalongan katalongan katalongan Tikanyan katalongan katalongan katalongan katalongan katalongan katalongan katalongan katalongan katalongan ka
DISPOSITION	FIRST NAME	WI SKILING ON THE STATE OF STA	LAST NAME
HELD PENDING INVESTIGATION/APPEAL	FIRST NAME		
	ADDRESS (NUMBER AND STREET)		
RETURNED TO SENDER(At Inmate's Expense) (Date)	CITY	STATE	ZIP CODE
DESTROYED	I AÇKNOWLEDGE RECEIPT OF THIS NOTI	FICATION: (INMATE'S SIGN	ATURE) DATE SIGNED
'(INMATE HAS THIRTY (30) DAYS, AFTER NOTIFICATION OF DISAPPROVAL HAS BEEN	TACKNOWLEDGE RECEIPT OF THIS NOTI	FICATION: (INVIDENTED DE	
FORWARDED TO LET STAFF KNOW THE CHOICE OF DISPOSAL, OTHERWISE MATERIAL WILL BE		25 July 2017 197 197 197 197 197 197 197 197 197 1	
DESTROYED. AUTHORITY TO DISALLOW (Mu:	st be completed in all cas	S es) IDATE SIGNED IDATE	TE FORWARDED TO INMATE
PRINTED NAME OF WARDEN'S DESIGNEE SIG	NATURE OF WARDEN'S DESIGNEE	DATE SIGNED	
PUBLICATIONS SECT	EION (Gerraria de la comi	ublication cases (only)
TITLE OF PUBLICATION (Include issue/date)	PUBLISHER	PAGE(S) WHICH M	EET DISAPPROVAL CRITERIA
LINDER LOCK & KEY	MIM DISTRIBUTORS	1	
DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL TITLE 15 SECTION 3006 (d): ANYTHING IN POSSESSION	CRÎTERIA, INCLUDE CCR, TITLE 15 SECT OF AN INMATE WHICH IS NOT CONTRABA	. ION AND BUT WILL, IF RETAINED	IN POSSESSION OF AN INMATE,
PRESENT A SERIOUS THREAT TO FACILITY SECURITY OR THE SAF			
PRESENT A SERIOUS THREAT TO FACILITY SECURITY OR THE SAF	ETT OF INMATES OR STAFF, S. J. LE		
And the state of t	in December - december and an angle of the company	NEE INFORMATIO	
DISPOSITION	FIRST NAME M	TA 21 TOWN THE STATE OF THE STA	LAST NAME
(HELD PENDING INVESTIGATION/APPEAL)			
DESTROYED	ADDRESS (NUMBER AND STREET)		
	CITY S	TATE	ZIP CODE
RETURNED TO OUTSIDE DESIGNEE AT INMATE'S EXPENSE			NATIVES DATE SIGNED
(DATE) "(INMATE HAS THIRTY (30) DAYS, AFTER		TIFICATION: (INMATES SIG	
NOTIFICATION OF DISAPPROVAL HAS BEEN FORWARDED TO LET STAFF KNOW THE CHOICE OF DISPOSAL, OTHERWISE MATERIAL WILL BE DESTROYED).		-/.	69-01-2016
AUTHORITY TO DISALLOW (M	ust be completed in all c	ases)	
CAPTAIN'S PRINTED NAME	CAPTAN'S SIGNATURE	DATE S/GNED [SEP 2 2016
DISTRIBUTION ORIGINAL - MAIL ROOM	CANARY - INMATE PINK - SEI	NDER / DESIGNEE	OC1 # 2010

*ALL APPEALS REGARDING MAIL/PACKAGES SHALL BE REFERRED TO THE WARDEN'S DESIGNATED STAFF.