



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
REJECTION OF MAIL

INSTITUTION <i>CRCC</i>
HOUSING UNIT ASSIGNMENT

OFFENDER NAME	DOC NUMBER
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1. RETURN ADDRESS INCORRECT OR INCOMPLETE

COMMITMENT AND LEGAL NAME AND DOC NUMBER

INSTITUTIONAL NAME (NO ABBREVIATIONS)

STREET ADDRESS OR POST OFFICE BOX

CITY, STATE, ZIP

2. POSTAGE DUE

_____ AMOUNT NEEDED

3. MAIL WAS RECEIVED FROM *MIM Distributors (Under Lock + Key)*

PO Box 40799, San Francisco, CA 94140

AND CONTAINED THE FOLLOWING CONTRABAND OR UNAUTHORIZED ITEMS *radically inflammatory material, material that could constitute a threat to the security, good order or discipline of the institution*

4. MAIL WAS SENT OUT BY YOU AND CONTAINED THE FOLLOWING CONTRABAND OR UNAUTHORIZED ITEMS

5. NON PRIVILEGED MAIL WAS SEALED

6. OTHER EXPLANATION _____

ADDITIONAL INFORMATION/COMMENTS

Sent to Censorship Committee for review, further notice will follow.

INSTRUCTIONS

STAFF SIGNATURE <i>W. Morgan</i>	DATE <i>8-1-12</i>
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