DEPARTMENT OF CORRECTIONS AND REHABILITATION

C Z - A / - Z / STATE OF CALIFORNIA CDCR 1819 (Rev. 08/08) NOTIFICATION OF DISAPPROVAL - MAIL/PACKAGES/PUBLICATIONS

NMATE'S NAME		CDC N	
MAIL / PACKAGES	S SECTION (Comp	olete for mail or	package cases only)
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DISPOSITION	SF	NDER INFORMAT	TION
	FIRST NAME	M	/ / LAST NAME
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RETURNED TO SENDER(At Inmate's Expense) (Date)	ADDRESS (NUMBER AND STREET)	46799	
DESTROYED	CITY	STATE	ZIP CODE
INMATE HAS FIFTEEN (15) DAYS, AFTER OTIFICATION OF DISAPPROVAL HAS BEEN	I ACKNOWLEDGE RECEIPT OF THIS NO	TIFICATION (INMATEIR OF	9 4/90 GNATURE) DATE SIGNED
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PUBLICATION (Include issue/date)			ation cases only) WHICH MEET DISAPPROVAL CRITERIA
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