

Prisoner's name and number: _____ Facility/Lock: 28-B-10

You have received a package mail containing the following: security threat etc
(restricted list)

From: MIM Distributors
PO Box 40799
San Francisco, PA 94140

NOTE: A copy of this notice is being mailed to sender if rejected pursuant to PD 05.03.118 "Prisoner Mail". The sender has 10 business days to send any opposition to this proposed action to the facility head. The sender will be notified of the final decision. Sender must not use the bottom section of this form.

The item(s) identified above will not be delivered to you pursuant to:
 PD 04.02.105 PD 04.07.112 PD 05.03.118, for the following reasons:

Prohibits mail that is a threat to the security, good order, or discipline of the facility, or that may facilitate or encourage criminal, or interfere with the rehabilitation of a prisoner.

J EBERLY

Staff - Print Name & Title

Signature

10-1-8

Date

THIS SECTION IS TO BE COMPLETED BY THE PRISONER ONLY

Indicate what you want to have done with the item(s) identified above by marking one of the following:

- Return to sender at my expense.
- Send at my expense to: _____
whose address is: _____
- Hold to be picked up by (photographs, books, magazines & property only): _____
- Destroy (mail & property only).
- Turn over to Prisoner Benefit Fund (funds & postage only).
- Donate to charity (property only).
- Store for me (official documents only, e.g., birth certificate).

*ARUS R. Grace 10/7/08
"I want a formal
Hearing"*

I request a hearing.

Prisoner - Print Name & Number

Signature

10-7-08
Date

Send reply within 10 business days to: Mail Room Other _____

DISTRIBUTION: Prisoner Sender (if required) Housing Unit/Mail Room Counselor File