

**NOTIFICATION OF DISAPPROVAL - MAIL/PACKAGES/PUBLICATIONS**

INMATE'S NAME	CDC NUMBER
---------------	------------

**MAIL / PACKAGES SECTION (Complete for mail or package cases only)**

INCOMING MAIL/PACKAGE       OUTGOING MAIL/PACKAGE

LIST ITEM(S) WHICH MEET DISAPPROVAL CRITERIA

(1) ENVELOPE

DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION

TITLE 15 3132 (a)(b), TITLE 15 3006 c#(c)

THREAT TO LEGITIMATE PENALOGICAL INTERESTS, THREAT TO INSTITUTIONAL SECURITY OR THE SAFETY OF OTHER PERSONS

DISPOSITION	SENDER INFORMATION		
<input checked="" type="checkbox"/> HELD PENDING INVESTIGATION/APPEAL	FIRST NAME	MI	LAST NAME
<input type="checkbox"/> RETURNED TO SENDER (At Inmate's Expense) (Date)	ADDRESS (NUMBER AND STREET)		
<input type="checkbox"/> DESTROYED	PO BOX 40799		
	CITY	STATE	ZIP CODE
	SAN FRANCISCO	CA	94140
	I ACKNOWLEDGE RECEIPT OF THIS NOTIFICATION: (INMATE'S SIGNATURE)		DATE SIGNED

\*(INMATE HAS FIFTEEN (15) DAYS, AFTER NOTIFICATION OF DISAPPROVAL HAS BEEN FORWARDED, TO LET STAFF KNOW THE CHOICE OF DISPOSAL, OTHERWISE MATERIAL WILL BE DESTROYED).

**AUTHORITY TO DISALLOW (Must be completed in all cases)**

PRINTED NAME OF WARDEN'S DESIGNEE	SIGNATURE OF WARDEN'S DESIGNEE	DATE SIGNED	DATE FORWARDED TO INMATE
K. Brandon	K. Brandon	6/24/09	

**PUBLICATIONS SECTION (Complete for publication cases only)**

TITLE OF PUBLICATION (Include issue/date)	PUBLISHER	PAGE(S) WHICH MEET DISAPPROVAL CRITERIA
---	-----------	---

DESCRIPTION OF MATERIAL THAT MEETS DISAPPROVAL CRITERIA, INCLUDE CCR, TITLE 15 SECTION

DISPOSITION	DESIGNEE INFORMATION		
<input type="checkbox"/> HELD PENDING INVESTIGATION/APPEAL	FIRST NAME	MI	LAST NAME
<input type="checkbox"/> DESTROYED	ADDRESS (NUMBER AND STREET)		
<input type="checkbox"/> RETURNED TO OUTSIDE DESIGNEE AT INMATE'S EXPENSE (Date)	PO BOX 40799		
	CITY	STATE	ZIP CODE
	SAN FRANCISCO	CA	94140
	I ACKNOWLEDGE RECEIPT OF THIS NOTIFICATION: (INMATE'S SIGNATURE)		DATE SIGNED

\*\* (INMATE HAS FIFTEEN (15) DAYS, AFTER NOTIFICATION OF DISAPPROVAL HAS BEEN FORWARDED, TO LET STAFF KNOW THE CHOICE OF DISPOSAL, OTHERWISE MATERIAL WILL BE DESTROYED).

**AUTHORITY TO DISALLOW (Must be completed in all cases)**

FACILITY CAPTAIN'S PRINTED NAME	FACILITY CAPTAIN'S SIGNATURE	DATE SIGNED	DATE FORWARDED TO INMATE
---------------------------------	------------------------------	-------------	--------------------------

DISTRIBUTION:  
ORIGINAL - MAILROOM  
CANARY - INMATE  
PINK - SENDER / DESIGNEE

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

\*\* ALL APPEALS REGARDING PUBLICATIONS SHALL BE REFERRED TO THE FACILITY CAPTAIN.