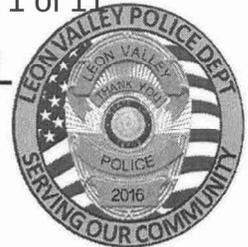




City of Leon Valley Police Department



David Bailey
BrettAbel.com Redaction

June 21, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty- five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

CASE #	Date Impounded	Description
201803942	06.21.2018	Tablet Unknown Brand/ Burned Blue
Line Flag		

ER 567

Thank you,
Officer E.Rivera #567
Property Detail
Leon Valley Police Department

Exhibit D

1

7017 2680 0001 0267 3815

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

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OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

Sent To 6.167
David Bailey
Street and Apt. No., or PO Box No.

BrettAbel.com Redaction

PS Form 3800, April 2015 PSN 7530-01-000-9001-9

for Instructions

Authorization for Release of Property

Date: _____

To Whom It May Concern:

I, _____, give authorization to _____
(Print Name) (Print Name)

(My "Authorized Representative") to pick up my property ("Property") that is being held either at the Leon Valley Police Department (LVPD) Property and Evidence Room or in a City of Leon Valley interest-bearing bank account for my benefit.

In the event the Property consists of money, I authorize LVPD to deliver the Property to my Authorized Representative in the form of a City of Leon Valley check payable to my order in the proper amount ("Check"). I understand and agree that it may take up to 5 business days after this form is properly completed, signed and verified by myself and my Authorized Representative and delivered to and received at the LVPD Property and Evidence Room for the check to be prepared and delivered to my Authorized Representative. I also understand and agree that my Authorized Representative will pick up and sign a receipt for the Check at LVPD Property and Evidence Room.

I and my Authorized Representative hereby jointly and severally release the City of Leon Valley, its officers, employees, representatives and attorneys from any and all claims, liabilities, demands, or cause of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

I and my Authorized Representative hereby jointly and severally indemnify and hold the City of Leon Valley, its officers, employees, representatives and attorneys harmless from and against any and all claims, liabilities, demands, or causes of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature of type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

Signature of Owner Date Social Security #

Signature of Authorized Representative Date Driver's License or ID #

Sworn to and subscribed to before me on this _____ day of _____, 20_____.

Notary Public, State of Texas
Exp. Date _____

18-394J
6/6.21.18

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X																	
1. Article Addressed to: <i>David Bailey</i> BrettAbel.com Redaction	B. Received by (<i>Printed Name</i>)	C. Date of Delivery																
 9590 9402 3340 7227 2233 39	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No																	
2. Article Number (<i>Transfer from service label</i>) 7017 2680 0001 0267 3815	3. Service Type <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input checked="" type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																	
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																	
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<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																	
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																	
<input type="checkbox"/> Insured Mail																		
<input type="checkbox"/> Insured Mail Restricted Delivery																		
PS Form 3811, July 2015 PSN 7530-02-000-9053		18-3942 Domestic Return Receipt																



City of Leon Valley Police Department



Joseph Pierce
BrettAbel.com Redaction

June 27, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty-five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

CASE #	Date Impounded	Description
201804036	06.23.2018	Black Computer Mouse/ Silver USB Cord/ Small Tr... Brown Box with 2 Batteries and USB Cord/ Cell Ph... White Samsung AC Adapter/ Black ZTE Wall Plug... Portable Charger (Cigarette Plug)/ Wall Plug Char... Debit Mastercard/ Black Electrical Tape/ \$19.50 US

Erika R. 567

Thank you,
Officer E.Rivera #567
 Property Detail
 Leon Valley Police Department

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Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$ _____	
<input type="checkbox"/> Return Receipt (electronic) \$ _____	
<input type="checkbox"/> Certified Mail Restricted Delivery \$ _____	
<input type="checkbox"/> Adult Signature Required \$ _____	
<input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	
Postage \$ _____	
Total Postage and Fees \$ <u>16.67</u>	
Sent To <u>Joseph Pierce</u> Street and Apt. No., or P.O. Box No.	

7017 2680 0001 0267 3860

BrettAbel.com Redaction

