## DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

## Receipt of Warden/Managing Official's ARP Response

		Facility		
Name of Inmate		CL Number	Housing Location	
I, the undersigned, indownarden's response to A	•	•		
Signature of Inmate	Date	Signature of S	taff Witness Date	
DOC Form 185.0002j0	CA (Rev.	9/19)		
Receipt of Wa	arden/Ma	naging Official's  Hereility	ARP Response	
Nama of Inmata			Housing Location	
Name of Inmate I, the undersigned, indiwarden's response to A	•	•	Housing Location have received the, received on	
Signature of Inmate	Date	Signature of S	taff Witness Date	

DOC Form 185.0002jCA (Rev. 9/19)