



**PART A - Indicate your Choice**

<input type="checkbox"/> <b>I Do Not Want to Appeal the Withholding Officer's Decision</b>
<p>If applicable, I want to receive the acceptable portion(s) of the mail and you may dispose of the rejected portion(s) in the way I have checked below:</p> <p>If no portion of the mail is able to be delivered you may dispose of the mail, as a whole, in the manner I have checked below:</p>
Methods of Disposal
<p><input type="radio"/> Destroy it.</p> <p><input type="radio"/> You may take \$_____ from my account to pay for postage and send it to the addressee identified below:                  _____                  _____</p> <p><input type="radio"/> If appropriate, donate it to a charity.</p> <p><input type="radio"/> I want it to be picked up by my visitor. I will notify the Property Officer 48 hours before the date my visitor will come, and I will tell my visitor to ask for the mail at the end of the visit.</p>
<input type="checkbox"/> <b>I Want to Appeal the Withholding Officer's Decision</b>
See Part B - Below

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

**PART B – REASON FOR APPEAL**

(Mail this form to the Managing Official of the Correctional Facility where you sent the mail - <http://dpscs.maryland.gov/corrections/locations>)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inmate or Sender

**PART C – MANAGING OFFICIAL'S RESPONSE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Managing Official (Warden, Facility Administrator)