



CLARKSVILLE POLICE DEPARTMENT

1970 Broadway, Clarksville, Indiana 47129 • Phone (812) 288-7151 Fax (812) 283-8680

www.ClarksvillePolice.com

VOLUNTARY CONSENT TO SEARCH AND SEIZURE

I, _____, do hereby freely and voluntarily give my permission and consent, without any promises, threats, or coercion, for Officers and agents of the Clarksville Police Department to search without a warrant, the following described person or property under my control:

Mark R. Palmer
Chief of Police

David Kirby
Asst. Chief of Police

Tim Hauber
Safety Director

My Person: _____

To include, but not limited to, purses and all other containers - locked, closed, or open.

My Vehicle: Year _____ Make: _____ Model: _____ Plate: _____

To include, but not limited to, all compartments, purses and all other containers - locked, closed, or open.

My Home Address: #: _____ Street: _____ City _____ St: _____ Zip: _____

To include, but not limited to, all outbuildings and yard, all rooms, compartments and purses and all other containers - locked, closed, or open.

My Personal Property: _____

My Body/DNA: _____

To include, but not limited to, taking samples of blood, semen, urine, saliva, hair, skin, and fingernail clippings, by swabs, needle or other means.

My Mobile Phone: _____

All internally stored information, including but not limited to, phone numbers, texts, contacts, histories, recordings, files, electronic mail, GPS locations, photographs, videos, pictures, social media activity, applications, website and search history, and voicemails. Additionally, I authorize a forensic examination of the phone which requires it to be taken to an examiner at the later date. The phone will remain in evidence custody of the Clarksville Police Department or its designee/examiner until the examination is complete.

My Computer: _____

CPU, Monitor, and all external devices. All internally stored information, including but not limited to, phone numbers, texts, contacts, histories, recordings, files, electronic mail, GPS locations, photographs, videos, pictures, social media activity, applications, website and search history, and voicemails. Additionally, I authorize a forensic examination of the computer which requires it to be taken to an examiner at the later date. The computer will remain in evidence custody of the Clarksville Police Department or its designee/examiner until the examination is complete.

**Town of Clarksville
Board of Police
Commissioners**

Randall Coleman
Chair

Mark Sutherland
Vice Chair

Lester Allen
Board Secretary

Crime Busters
(812) 284-4636

I represent that I have the right and authority to give permission and consent to a search and seizure of the above listed person or property, and upon signing this consent, a search may begin immediately. I am aware that it is my unconditional right to refuse this search, and I have the right to consult with legal counsel prior to any search or giving consent to any search.

Signed: _____ Date/Time: _____ / _____

Officer/Witness: _____

Location: _____

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“Serving and Protecting the Town of Clarksville”