

INDIANA STATE DEPARTMENT OF HEALTH

Food Protection Program
2 North Meridian Street
Indianapolis, Indiana 46204

SAMPLE RELEASE DOCUMENT

I, _____, _____
(Name) (Street Address)
_____, _____
(City) (State and Zip Code)

hereby agree to release:

the sample(s) described below into the custody of the authorized representative of the Food Protection Program, Indiana State Department of Health, for investigation and/or analysis:

(Product description and condition)

- * All samples become the property of the Indiana State Department of Health for action as may be deemed appropriate and will not be returned.
- * The Indiana State Department of Health will not initiate legal actions on opened consumer samples where product integrity may have compromised.

_____, _____
(Consumer Signature) (Date)

_____, _____
(Food Protection Representative) (Date)