Opportunities, Alternatives & Resources

Personal Property Storage Program

Ithaca, NY
(607) 272-7885

STORAGE INTAKE & AGREEMENT

Tote #1 • Intake Date: May 6, 2026

PARTICIPANT FULL NAME
Daniel Yetsko

REASON FOR STORAGE
Prison

DATE IN
May 6, 2026

EXPECTED RETURN DATE
Jun 12, 2029

EMERGENCY CONTACT (NAME & PHONE)
Mary Yetsko (555) 555-5555

SEAL SERIAL # — SIDE 1
48502

SEAL SERIAL # — SIDE 2
13467

INVENTORY / CONTENTS DESCRIPTION
Clothing, Phone, Electronics.

Storage Agreement & Liability Waiver

By signing below, I acknowledge and agree to the following terms regarding the storage of my personal belongings with Opportunities, Alternatives & Resources (OAR):

1. **Drop-off and Pickup Only.** I understand that this is a drop-off and pickup-only storage service. I will not have access to my belongings during the storage period. OAR staff will retrieve my items in full at the end of my rehabilitation, jail, or prison term.
2. **Sealed at Intake.** I have personally placed my belongings in the storage tote in the presence of OAR staff. I have watched OAR staff apply numbered tamper-evident seals to both sides of the tote. The seal serial numbers have been recorded on this form. As long as the seals remain intact at pickup, the contents have not been disturbed.
3. **Limitation of Liability.** OAR is providing this storage as a community service, not as a commercial storage facility. I release OAR, its staff, and its volunteers from any and all liability for loss, theft, damage, deterioration, or destruction of any items stored, regardless of cause. I understand I am storing my belongings entirely at my own risk.
4. **Communication & Extensions.** I agree to communicate with OAR about my expected return date and to notify OAR if my circumstances change (for example, an extended sentence, a new charge, or a longer treatment program). As long as I stay in contact, OAR will continue to hold my belongings under any legitimate circumstance. Communication is the key requirement.
5. **Abandonment.** If I do not retrieve my belongings within 30 days after my expected return date, AND I have not contacted OAR to arrange an extension, OAR may consider the contents abandoned and dispose of them at its discretion. OAR is not required to make further attempts to contact me beyond the emergency contact listed above.
6. **Emergency Contact.** I authorize OAR to release my belongings to the emergency contact listed on this form if I am unable to retrieve them personally (for example, due to extended incarceration, hospitalization, or death). Emergency contact pickup will require photo ID matching the name listed.
7. **No Prohibited Items.** I confirm that the contents of my tote do not include illegal drugs, firearms, ammunition, hazardous materials, perishable food, live animals, or human remains. I understand that OAR reserves the right to refuse storage of any item it determines to be unsafe or unlawful.
8. **One Tote Limit.** I understand that I am being provided one (1) 27-gallon tote for storage. Belongings that do not fit within the sealed tote will not be stored.

PARTICIPANT SIGNATURE & DATE

OAR STAFF SIGNATURE & DATE

PRINT NAME

PRINT NAME & TITLE