

MONTHLY MAIL REPORT

Ohio Department of Rehabilitation and Correction

Institution:	Date:
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To: Deputy Warden of Operations
 From: Mail Department Supervisor
 Subject: MAIL STATISTICS FOR THE MONTH OF: 2024

NUMBER OF:	This Month	Calendar Year to Date
A. Incoming incarcerated person letters and cards		
Mail totals for each specific facility: _____		
B. Incoming incarcerated person packages		
C. Incoming incarcerated person legal letters		
D. Packages rejected for receipt		
E. Incoming facility letters		
F. Incoming facility packages		
G. Outgoing incarcerated person free letters		
H. Outgoing incarcerated person letters and cards		
I. Outgoing incarcerated person letters certified		
J. Outgoing incarcerated person packages		
K. Outgoing facility packages		
L. Outgoing facility letters		
M. Outgoing facility letters certified		
N. Checks received for incarcerated person		
O. Value of checks received for incarcerated person		
P. Visitors suspended for mail violation		
Q. Visitors reinstated from suspension		
R. Incarcerated person interviews conducted by mail office staff		
S. Instances of minor contraband found in mail		
Minor Contraband totals for each facility: _____		
T. Instances of major contraband found in mail		
Major Contraband totals for each facility: _____		
U. Population of institution last day of month		
V. Staff members assigned to the mail room		

* This report should be typed

Mail Department Supervisor :
