

**TENNESSEE BUREAU OF INVESTIGATION  
Tennessee Dangerous Drugs Task Force**



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**REQUEST FOR DESTRUCTION OF DRUG EVIDENCE**

Please provide the following information related to requests for destruction of drug evidence by the Tennessee Bureau of Investigation/Tennessee Dangerous Drug Task Force Incinerator Program.

1. REQUESTING AGENCY: \_\_\_\_\_
2. AGENCY ADDRESS: \_\_\_\_\_
3. AGENCY MAIN PHONE NUMBER: \_\_\_\_\_
4. AGENCY FAX NUMBER: \_\_\_\_\_
5. REQUESTING OFFICIAL: \_\_\_\_\_

RANK/TITLE/POSITION: \_\_\_\_\_

DIRECT TELEPHONE NUMBER: \_\_\_\_\_

CELLULAR TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

6. REQUESTED INCINERATOR LOCATION: KNOXVILLE \_\_\_\_ NASHVILLE \_\_\_\_ JACKSON \_\_\_\_

7. NAME AND CONTACT INFORMATION FOR CUSTODIAN AND DESTRUCTION WITNESS

TRANSPORTING EVIDENCE TO INCINERATOR SITE.

CUSTODIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

WITNESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

8. APPROXIMATE WEIGHT (in pounds) OF EVIDENCE: \_\_\_\_\_

9. NUMBER OF EXHIBITS BEING DESTROYED: \_\_\_\_\_

10. TYPES OF DRUGS (Check all that apply): MARIJUANA\_\_\_\_ METHAMPHETAMINE\_\_\_\_  
COCAINE\_\_ MDMA\_\_\_\_ LSD\_\_ HEROIN\_\_ FENTANYL\_\_\_\_ OPIOID\_\_\_\_  
PHARMACEUTICAL\_\_ OTHER\_\_\_\_\_

By signing the request form, the Requesting Official insures that they have read and are in compliance with the rules/policies/Standard Operating Procedure of the TBI/TDDTF pertaining to participation in the Drug Evidence Incineration Program. The Requesting Official understands that TBI/TDDTF employees **WILL NOT** take custody of drug evidence but, may assist the officer/official and witness delivering the evidence, place that evidence into the incinerator. Delivering officer/official and witness must remain at the incinerator site until released from the incinerator scene by TBI/TDDTF personnel/incinerator operator.

Also, by signing the Request for Evidence Destruction Form the Requesting Official verifies that the destruction of evidence in is in compliance with a court order and/or in compliance with applicable federal/state laws and department policies and procedures.

NAME OF REQUESTING OFFICIAL/OFFICER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_