

Application to visit (*after denial*)

Name: _____
Last First Middle

Date of birth: _____
Month Day Year

Other names: _____
Maiden or alias

Address: _____
Number and street City Zip Code

Current Contact Number# _____

Inmate requesting to visit: _____
Name and IID# (if known)

Relationship to inmate: _____
Son/husband/wife/friend/etc.

Reason you are not able to visit: (*i. e. -On parole/ banned for behavior/inappropriately dressed/prior felony conviction4571p.c.*) * *Include date of denial and officers ' name (if known)*

Why should you be allowed to visit? *Attach more pages if needed*

Submit to: **Operations Lt. J. Agurkis- Butte County Jail**
5 Gillick Way
Oroville, CA 95966

**Verbal requests will not be considered*

Approval/Date: _____
Signature – comments (specific inmate or time frame)

Denied/Date: _____
Signature