

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

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

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

Reason for denial: *(i.e.-On parole/ banned for behavior/inappropriately dressed/prior felony conviction-4571p.c.)*
** Include date of denial and officers' name (if known)*

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

Submit to: **Jail Commander- Butte County Jail**
33 County Center Drive
Oroville CA 95966

**Verbal requests will not be considered.*

Approved/Date: _____
Signature- comments(specific inmate or time frame)

Denied/Date: _____
Signature