



Pass Request

Weekly Pass

Performance Pass

Name _____
(Print Full Name)

Today's Date _____

Phone Number _____

Case Manager _____

- * I MUST check the type of pass that I am requesting
- * All requests MUST be turned in at least SEVEN (7) days in advance.
- * Locations MUST be VISITED according to the numbered order listed below.
- * If I am APPROVED for a pass but will not be going on the approved pass I MUST call the Communications Division at (260) 449-7310 thirty (30) minutes before the scheduled start of my pass.

I am requesting a pass for _____ / _____ from _____ to _____ a.m. / p.m.
(Day of the week & Date) (Appointment Time)

Location #1: _____

Location #2: _____

Address: _____

Address: _____

Tel. No: _____

Tel. No: _____

Contact: _____

Contact: _____

Position: _____

Position: _____

Reason: _____

Reason: _____

Type of Transportation Auto Bike Walk Moped Bus # _____

Vehicle Make/Model: _____ Year: _____ Color: _____ License Plate# _____

I understand that this request must be filled out LEGIBLY, TRUTHFULLY, COMPLETELY, and FOR NECESSITY ONLY. I understand that pass and performance requests must be turned in *at least* SEVEN (7) days in ADVANCE for consideration. I further understand that during this pass time, my location(s) will be CHECKED and/or MONITORED. Any abuse of this pass WILL result in a VIOLATION and LOSS of future privileges. I also understand that only three (3) attempts to contact me will be made about this request and then it will become null and void. **IF I DO NOT HEAR FROM THIS OFFICE, I WILL NOT LEAVE.**

Signature _____

DO NOT CALL THE OFFICE ABOUT YOUR PASS WE WILL CALL YOU!

Do not write below this line for Office use only

Fees: _____ Violations: _____

Approved Denied _____
(Reason)

(Date, Time, Initials) No Ans / Busy _____ No Ans / Busy _____ No Ans / Busy _____
(Date, Time, Initials) (Date, Time, Initials) (Date, Time, Initials)