

## APPLICATION FOR VISITING PRIVILEGES PC 4571 Ex-Felon

Omissions or Mis-statements will result in refusal of Visiting Privileges					
	Omissions o	r wis-statement	s will result in retu	isal of Visiting Privileges	
Applicant's Name First Middle Last					
pp.		First	Middle	Last	
Date of Birth ID Number & Type					
Address Street					
Addi	Number		Street		
City .		_ State	Zip	Phone	
On Active Parole or subject to Narcotics or sex offender registration?					
П	Yes Parole Agent			Phone	
g.					
Name of Inmate you wish to visit					
Inmate's Booking Number					
Relat	tionship to Inmate	□ Spouse	☐ Parent	☐ Friend	
П	Other - Describe _				
I hereby make application for the privilege of visiting the above names Inmate, under the conditions prescribed by law and the rules of the Kern County Sheriff's detention Bureau. I understand that upon entering the facility grounds, that my vehicle and person are subject to search. I further attest that I am not the subject of a criminal investigation by any Law Enforcement agency. I certify that the facts stated above are true and correct to the best of my knowledge.					
Sign full name			Date		
	Approved by		Title	Date	
	Denied – Reason _				
	_				

LPTPPM F-160 Attachment-A