

MANATEE COUNTY SHERIFF'S OFFICE

CORRECTIONS BUREAU

APPLICATION FOR FACILITY ENTRY

Section A: To be completed by visitor

By completing and signing this form, I authorize a Manatee County Sheriffs Office employee or authorized representative bearing this release, or copy thereof, to obtain my criminal history by conducting an FCIC/NCIC check prior to my being granted entry. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

Signature X _____ Date _____

Printed Name _____ Date of Birth _____

Race (white or black) _____ Sex _____ Social Security Number _____ - _____ - _____

Home Address _____

Office phone _____ Home phone _____ Cell phone _____

Florida Private Investigator License # (if applicable) _____ FL Bar Card # _____

Company/Organization represented _____

Reason for facility entry: _____

Non-contact visits (using a telephone and glass which separates the visitor from the inmate) are permitted during normal visitation hours.

If you require a face-to-face visit with an inmate (contact visit), it must be **pre-approved** by the Operations Commander. Please state the reason why you need a contact visit: _____

Waiver: By signing below, I hereby acknowledge that the Manatee County Sheriffs Office is hereby released, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me as a direct or indirect consequence of an injury or harm inflicted during a contact visit with any inmate in the jail facility, and I agree to proceed at my own risk.

Signature X _____ Date _____

Printed name _____

Section B: To be completed by Booking

Booking Clerk completing check: _____ Date: _____

Section C: To be completed by Commander

Facility entry approved by: _____ Date: _____
(Commander)

Contact visit is approved: _____ disapproved: _____

Signature _____ Date: _____
(Commander)

Application for Manatee County Jail send to:

Deputy Brooke Parks Central
Jail Manatee County 14470
Harlee Road Palmetto, FL
34221

Phone: 941-747-3011 ext. 2993

Or Fax to:

941-744-3786

Or Email to:

Brooke.Parks(S)rmanateesheri ff.com