

# SEWARD COMMUNITY JAIL APPROVAL FOR VISITATION

Please print clearly and provide all the requested information and return to the Seward Police Department at least one day prior to the day of visitation.

NAME OF VISITOR: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ STATE HELD IN: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DETAINEE NAME: \_\_\_\_\_

To be filled out by Police Department Personnel

No criminal history: \_\_\_\_\_

See attached \_\_\_\_\_

Dispatcher: \_\_\_\_\_ Date: \_\_\_\_\_

Visitation approved \_\_\_\_\_ Not approved \_\_\_\_\_

\_\_\_\_\_  
Jail Supervisor