

**SPECIAL VISIT REQUEST**

Name DOC number Living Unit Date

|  |  |  |
| --- | --- | --- |
| **DATE** | **START TIME** | **END TIME** |
|       |       |       |
|       |       |       |
|       |       |       |

**DATE(S) AND TIME(S) OF REQUESTED VISIT(S):**

**INTENDED VISITOR(S):**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DOB** | **RELATIONSHIP** | **CITY/STATE** |
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|       |       |       |       |
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Reason for Visit:

Requestor’s Signature:

|  |
| --- |
| **DO NOT WRITE BELOW THIS LINE** |

File materials, documents, and/or contacts verify accuracy of the above

Visit Sergeant Signature Date

**NCIC/WACIC/DISCIS CLEAR?**

[ ] YES[ ] NO Signature of employee who conducted Date

 background check

[ ] APPROVED[ ]  DENIED

 Approver Signature Date

Comments:

**The contents of this document may be eligible for public disclosure. Social Security numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.**