Salt Lake County Sheriff's Office Jail Access Application



This form must be filled out accurately and completely to determine what access may be authorized. Incomplete or falsified information may result in the application being rejected. Submission of a form does not imply access will be approved. Application processing may take up to five (5) business days to complete.

Section 1: Persona	l Informatio	<u>n:</u>						
First Name: Middle Name:					Last Name:			
Maiden / Alias:								
Date of Birth:	Driver's License #:				_DL State	e:Soci	ial Security #:	
Gender:	Eth	nnicity:	Height:			Weight:	Hair:	Eyes:
Email: Personal Contact Number:					Home Address:			
Section 2: Access Reason / Employment:					City / State / ZIP:			
Reason Access Req	uested:							
Employer: Sup					visor:			
Contact Number:				Email:				
Sheriff's Office Sponsor:					Sheriff's Office Division:			
Section 3: Backgro	ound Informa	ation:						
Have you been arre	sted previous	ly:	Date:			City:	S	tate:
If you have been arr	rested or issue	ed a citation (ticket)	please fill out th	e followi	ng:			
Felony:	Misdemeano	r: Da	te:	_Charge:			Disposition	:
-				_			-	:
•				_			-	:
-				_			-	:
Section 4: Driver's								
Section 5: Signatur								
By signing below you	consent to and	understand a backgrou		•	-	-	l to verify the inform	nation above.You also
SIGNED:DATE:								
		*:	**JAIL SECURI	TY DIVIS	SION USE	ONLY***		
Section	Complete	Check	Res	sult		Decisions		Yes / No
Section 1		SO#				ASU Deputy		
Section 2		UCCH				Signature		
Section 3		NCICQH				Security Lt.		
Section 4		PSWA				Signature		
Section 5		NCIC				Appeal Date		
Date Received		DL				Captain		
Date Completed		IS#	\$\$\$ 1 D3 573	MICED AT	ION HOUS	Signature		
****ADMINISTRATION USE*** Access Level Approved Term Support Notified Investigations Notified								
Access Level Temporary / Tour		Approved		11	Su	pport Notified	Inv	vestigations Notified

Revised 08/02/2022 Form - SEC014

2 Years 2 Years

2 Years

Incidental

Regular **Doctors**