



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: Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____
 Maiden / Alias: _____
 Date of Birth: _____ Driver's License #: _____ DL State: _____ Social Security #: _____
 Gender: _____ Ethnicity: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
 Email: _____ Personal Contact Number: _____ Home Address: _____

Section 2: Access Reason / Employment:

Reason Access Requested: _____
 Employer: _____ Supervisor: _____
 Contact Number: _____ Email: _____
 Sheriff's Office Sponsor: _____ Sheriff's Office Division: _____

Section 3: Background Information:

As part of the application process, a criminal background check will be conducted. Access to the facility will be granted or denied based on the results of this background check and in accordance with jail policies and security protocols.

Section 4: Driver's License Copy:

Section 5: Signature:

By signing below you consent to and understand a background check will be performed by Sheriff's Office personnel to verify the information above.

Signature: _____

Date: _____

*****JAIL SECURITY DIVISION USE ONLY*****

Section	Complete	Check	Result	Decisions	Yes / No
Section 1		SO#		ASU Deputy	
Section 2		CHQL		Signature	
Section 3		DLQL		Security Lt.	
Section 4		QSWL		Signature	
Section 5		OTRKL		Appeal Date	
Date Received		QH2		Captain	
Date Completed		QW1		Signature	

*****ADMINISTRATION USE*****

Access Level	Approved	Term	Support Notified	Investigations Notified
Temporary / Tour		Days:		
Incidental		1 Year		
Regular		1 Year		
Doctors		1 Year		

Notes: