MIDDLESEX SHERIFF'S OFFICE **FORMER INMATE/FELONY CONVICTION FORM REQUESTING TO VISIT** (Anyone who has been incarcerated within the last year is NOT eligible to visit)

NAME:				
LAST	FIRST	MID	MIDDLE	
RESIDENTIAL ADDRESS:				
(Not a P.O. Box) STREI	ET CI	TY STATE	ZIP CODE	
DOB:// S	SSN:///////	DRIVER LIC: & STATE		
HAVE YOU BEEN CONVICT HAVE YOU EVER BEEN INC	ARCERATED?	Yes No Yes No No	• • • • • •	
WHERE AND WHEN WERE YOU	INCARCERATED? (If neve	r incarcerated, dates of fe	lony conviction(s))	
check, and I hereby release, discharge, and furnishing information, from any and all lia		fice, its agents and representation of the furnishing or inspective sector of the furnishing sector of t	tives, and any person so ction of such documents	
SIGNATURE	DATE	TELEPHON	NE #	
Failure to answer any of	the above questions truthfully	will result in denial of th	is request	
		· ·	-	
REQUEST TO VISIT: DETAI	NEE/INMATE'S NAME	RELATIONSHI	Р	
Please mail completed form to:	Middlesex Sheriff's Of Attn: IPS Unit 269 Treble Cove Road Billerica, MA 01862	fice		
** All	ow up to two weeks for forms to	be processed**		
PS STAFF MEMBER	ASSISTAN	ASSISTANT SUPERINTENDENT		
Record Reviewed: 🔲	SIGNATU	RE:		
BOP Attached:	DATE:			
SIGNATURE:		APPROVED OR DE	NIED	
DATE:	If denied f	orward to Superintendent	for final review	
COMMENTS:		Vidal, Superintendent	Approved Deni	