

VISITOR CONTROL FORM

PLEASE PRINT

VISITORS NAME: _____ DOB: _____
FIRST MIDDLE LAST

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

ID# and type: _____

PLEASE READ

- ALL PERSONS AND THEIR PROPERTY ARE SUBJECT TO A SEARCH BEFORE VISITING AN INMATE, OR ENTERING THE GRANT COUNTY CORRECTIONAL FACILITY. THERE WILL BE A MINIMUM OF 2 DEPUTIES ON DURING VISITATION.
- PLEASE LEAVE ANY HANDBAGS, PURSES OR CARRY ITEMS LOCKED IN YOU'RE VEHICLE. THE GRANT COUNTY SHERIFF'S DEPARTMENT, THE CORRECTIONAL FACILITY, AND/OR EMPLOYEES THEREOF ACCEPT NO RESPONSIBILITY FOR ANY ITEMS LOST OR STOLEN WHILE VISITING THE CORRECTIONAL FACILITY.
- **BRINGING UNAUTHORIZED ITEMS INTO THE GRANT COUNTY CORRECTIONAL FACILITY IS A CRIME. PERSON(S) WHO BRINGS UNAUTHORIZED ITEMS INTO THE FACILITY WILL BE CHARGED WITH SUPPLYING CONTRABAND UNDER ORS 162.185. THIS IS A CLASS C FELONY PUNISHABLE UP TO FIVE YEARS IN PRISON AND A \$100,000.00 FINE.**

I HAVE READ AND UNDERSTAND THE ABOVE:

SIGNATURE: _____ DATE: _____

DATE	INMATE NAME	ID CHECKED BY	12-20 RESULT (MONTHLY)
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
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