

Bus Ticket Request Form

DATE:

TO:

FROM:

SUBJECT:

For Facility Use

County is requesting, _____ (name of inmate), # _____ (ODOC number)
_____ (race)_____

1. **For Court** Date: Time _____
2. **To Be Returned** to their facility: (Name of County) **county** has completed court on them.

Per Sheriff's office, inmate is assigned to _____ Correctional Center (include security level).
(_____ County Jail).

They pick up/drop off at _____.

For Population Office Use

Please fill in the blanks appropriately and fax back.

_____ County needs to be at _____ Correctional Center to pick up/drop off inmates on:

DATE: _____

TIME: _____

TIME IS TENTATIVE. CENTRAL TRANSPORTATION WILL NOTIFY COUNTY OF ARRIVAL TIME VIA TELEPHONE.
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For Facility Use

Sheriff's Office contacted: DATE: _____ (To be completed by facility)

Please note drop off time