

**MANATEE COUNTY SHERIFF'S OFFICE
CORRECTIONS BUREAU**

APPLICATION FOR FACILITY ENTRY

Section A: To be completed by Visitor.

By completing and signing this form, I authorize a Manatee County Sheriff's Office employee or authorized representative bearing this release, or copy thereof, to obtain my criminal history by conducting an FCIC/NCIC check prior to my being granted entry. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

Race (white or black): _____ Sex: _____ Social Security Number: _____

Home Address: _____

Office phone: _____ Home phone: _____ Cell phone: _____

Email address: _____

Florida Private Investigator License # (if applicable): _____

Florida Bar Card # (if applicable): _____

Company/Organization represented: _____

Reason for facility entry: _____

If you require a face-to-face visit (contact visit) with an inmate; it must be pre-approved by the Operations Commander.

Please state the specific reason why you need a contact visit: _____

Non-contact visits (using a telephone and glass which separates the visitor from the inmate) are permitted during normal visitation hours.

WAIVER: By signing below, I hereby acknowledge that the Manatee County Sheriff's Office is hereby released, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me as a direct or indirect consequence of any injury or harm inflicted during a contact visit with any inmate in the jail facility, and I agree to proceed at my own risk.

Signature: _____ Printed Name: _____ Date: _____

Section B: To be completed by Booking.

Booking Clerk completing check: _____ Date: _____

Section C: To be completed by Commander.

2nd Floor Visitation Room Only approved by: _____ Date: _____

Face-to-Face Contact visit approved by: _____ Date: _____

Video Visitation Only approved by: _____ Date: _____