

Overton County Corrections Department

Visitor Information Sheet

Complete form and include a copy of your driver's license

Inmate's Name: _____

Visitor's Relationship to Inmate: _____

Visitors Personal Information

Full Name: _____
Last First MI

Address: _____
Street
City State Zip Code

Drivers License Number: _____ State: _____ Exp. Date: _____

Home Phone: () _____ Alternate Phone () _____

Have you ever been convicted of a felony? Yes No

Have you been incarcerated in this facility within the last year? Yes No

Emergency Contact Information

Emergency Contact for Visitor: _____
Last First MI

Phone Number: () _____ Relationship to Visitor: _____

Only approved visitors will be allowed to visit. If you are not on the list you will not be allowed to visit.
You must present some form of picture I.D. each and every time you visit.

**** For Office Use Only****

Application Received By: _____

Approved Date _____

Denied Date _____

Jail Administrator Signature _____

INCOMPLETE APPLICATIONS WILL BE DENIED

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