

## KEWAUNEE COUNTY SHERIFF'S DEPARTMENT

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## KEWAUNEE COUNTY JAIL VISITATION PERMISSION AUTHORIZATION

Visitation for Inmates of the Kewaunee County Jail are on Saturdays between the hours of 12:30PM and 2:30PM for all inmates with last names beginning with A through M and Sundays between the hours of 12:30PM and 2:30PM for all inmates with last names beginning with N through Z. Anyone wishing to visit that is under the age of 18 must be an immediate family member, accompanied by an adult and must have this authorization signed by a custodial parent or legal guardian.

THIS FORM MUST BE FILLED OUT BY THE <u>CUSTODIAL</u> PARENT OR LEGAL GUARDIAN OF THE UNDERAGE PERSON REQUESTING TO VISIT AN INMATE OF THE KEWAUNEE COUNTY JAIL.

I hereby give	permission / authorization for				
		First Name	MI	Last Name	DOB
To visit with				who is incarcerated	
In the Kewau	nee County Jail as an inmate with	h visiting privil	eges. I an	n the legal cust	odial
parent / guard	ian and understand the rules rega	arding visitation	ı. I under	stand that he / s	she must be
an immediate	family member of the person be	ing visited and	must be a	ccompanied by	an adult.
•		¥			
	Name and Address of Co	ustodial Parent or Legal	Guardian		
	Signature		Date		