

DESTINATION VERIFICATION

_____ is a participant in the Snohomish County Sheriff's Office Community Corrections program. Our program policy requires verification of the above named individual's authorized destinations. Please fill in the spaces below. Your cooperation in this matter is appreciated.

_____ Date _____ Location _____ Phone # _____

_____ Time Arrived _____ Time Departed _____ Print Name _____ Signature of Verifier _____

Check one of the below: <input type="checkbox"/> Departed Work Early <input type="checkbox"/> Overtime <input type="checkbox"/> Treatment <input type="checkbox"/> Business Pass <input type="checkbox"/> Other : _____
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