APPOINTMENT FORM

Scheduling Hours (**Monday-Friday 8:00AM-2:00PM**)

Must give 2 Business days notice, not including Weekends and Holidays

One Request Per Form

Resident

Name: _____ Name Number: _____

Return Phone Number or Email Address: _____

Reason

What/Why: _____

Location

Name of Business: _____

Address: _____

_____

Times

Appointment Date: _____

Appointment Time: _____

Leave Time: _____

Return Time: _____

Transportation

Method of travel (check all that apply):

☐ Walk/Bike

☐ Bus/Cab

☐ Personal Vehicle/Ride

Reminder

This appointment is not approved until Jail Diversion notifies you.

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SCHEDULING VOICEMAIL: (608) 266-9093

SCHEDULING FAX: (608) 267-1531

Diversion.schedule@danesheriff.com – To make schedule requests or submit work hours.

Diversion.location@danesheriff.com – To report job locations/employment related activities.