



# POLK COUNTY

## COMMUNITY CORRECTIONS

820 SW CHURCH ST SUITE 100 ★ DALLAS, OREGON 97338-5326  
(503) 623-5226 ★ FAX (503) 623-5326

Jodi Merritt  
Director

Lee Warren  
Supervisor

### Travel Permit Information

Name: \_\_\_\_\_ PO: \_\_\_\_\_

#### Transportation

**CAR:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate # and State: \_\_\_\_\_

#### PLANE: Outgoing

Airline: \_\_\_\_\_ Flight # \_\_\_\_\_ Flight # \_\_\_\_\_

#### PLANE: Incoming

Airline: \_\_\_\_\_ Flight # \_\_\_\_\_ Flight # \_\_\_\_\_

#### TRAIN/BUS:

Train/Bus # \_\_\_\_\_ Departure time \_\_\_\_\_ Arrival time \_\_\_\_\_

Train/Bus # \_\_\_\_\_ Departure time \_\_\_\_\_ Arrival time \_\_\_\_\_

#### NAME/RELATIONSHIP of People traveling with you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for traveling: \_\_\_\_\_

#### DESTINATION: (If unable to provide information contact PO)

Name of the place you will be staying/person you will be staying with: \_\_\_\_\_

Address where you will be staying: \_\_\_\_\_

Phone: \_\_\_\_\_

Date you are leaving: \_\_\_\_\_ Date you are returning: \_\_\_\_\_

**Travel Permits cost \$25**, which is to be paid at the time of pick up. The original travel permit must be returned to this office with the bottom portion completed by a local law enforcement agency in the community you were permitted to visit.