

DUNN COUNTY JAIL TRANSPORTATION INFORMATION

Last Name: _____ First: _____ MI: ____ Date of Birth: _____

Vehicle Make: _____ Year: _____ Color: _____ License Plate: _____

Proof of Insurance Obtained: _____ Yes _____ No

Last Name: _____ First: _____ MI: ____ Date of Birth: _____

Vehicle Make: _____ Year: _____ Color: _____ License Plate: _____

Proof of Insurance Obtained: _____ Yes _____ No

Last Name: _____ First: _____ MI: ____ Date of Birth: _____

Vehicle Make: _____ Year: _____ Color: _____ License Plate: _____

Proof of Insurance Obtained: _____ Yes _____ No

Directions of Direct Route of Travel: _____

I certify that the information given on this form is true and accurate.

Inmate Signature: _____ Date: _____

JAIL USE ONLY:

If Ignition Interlock Device is required, has inmate provided proof of installation:

_____ Yes _____ No

Vehicles Requiring Interlock Device _____

Information has been verified by: _____

Date: _____