

WEBER COUNTY CORRECTIONAL FACILITY
Furlough Request Worksheet / County Inmates

Inmate Name _____ **Name ID#** _____

Reason for Furlough _____

FUNERAL FURLOUGH

MORTUARY : _____

LOCATION : _____

PHONE # _____

FURLOUGH IS: APPROVED _____

DENIED _____

BY: _____
(Watch Commander or OIC)

DATE: _____

TO BE RELEASED TO : (if applicable) _____

RELATIONSHIP - _____ **PHONE #** _____

ADDRESS: _____

DATE AND TIME _____

RELEASE TIME _____ **RETURN :** _____

SPECIAL CONDITIONS / NOTES UA UPON RETURN . Contact WCCF if there are any problems .

Furlough Agreement signed?
Forward to Records Office when completed.