



# KANE COUNTY SHERIFF'S OFFICE

SHERIFF LAMONT SMITH  
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## KANE COUNTY JAIL VISITATION APPLICATION

This visiting application, if approved shall remain valid for a period of one year from review date unless the visitor has a change of address or change of legal status. All inmates shall update, quarterly, their designated visitor list. Visitors shall notify Kane County Jail in writing of any change of address or legal status within ten days of the change. Failure to provide this information within the ten day time limit shall result in suspension of visiting privileges.

First Name	_____	Inmate Name:	_____
Last Name	_____	Inmate Number:	_____
Middle Name	_____	Annual Update:	Y [ ] N [ ]
Date of Birth	_____	Information Change	Y [ ] N [ ]
Aliases	_____	Relationship to Inmate:	_____
Address	_____		
City/State	_____		
Zip	_____		
Email	_____		
Drivers License #	_____		
Felony Record	Y [ ] N [ ]		
If yes explain:	_____		
	_____		
On probation/parole	Y [ ] N [ ]		
If yes explain:			
Visitor Signature:	_____		

(To be filled out by jail staff)

License	Valid	Not-Valid
State	No Record	Record
NCIC	No Record	Record
Warrants	Y [ ]	N [ ]

FBI #'s \_\_\_\_\_

SID #'s \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Approved for visiting Y [ ] N [ ]

Review Date: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Deputy's Signature \_\_\_\_\_