

Copy Of Drivers License Required

COUNTY OF SUFFOLK



OFFICE OF THE SHERIFF

Vincent F. DeMarco
SHERIFF

ONE DAY PASS APPLICATION

Lines:

1

Name:

Date:

2

Home Address:

3

DOB:

SS#:

Phone #:

NYS Drivers License #:

Professional License #:

Employed By:

Address:

Occupation:

Phone #:

Purpose:

Facility:

Riverhead

Yaphank

Date Entering:

DWI

Referring Agency/Name:

Phone #:

Address:

Unit:

Dept:

FOR OFFICE USE ONLY

45 Check

45A Check

NCIC Check

NYSPIN Check

APPROVED

DISAPPROVED

EXPIRATION DATE:

C/O Inv.

Date:

(Signature)

Commanding Officer or Designee:

Date:

(Signature)

110 CENTER DRIVE
RIVERHEAD, N.Y. 11901-3389
(631)852-2200

Riverhead and Yaphank Correctional Facility Meeting Schedule

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Yaphank Men 5-6	Riverhead Men 7-8	Yaphank Men 6-7	no meeting	Riverhead Men 7-8 Women 6-7	Riverhead Men 7-8

*pleas circle the days and times you are available

Name _____ Phone# _____ M ___ F ___

Home Group _____ Town _____

Pleas fill out the one day pass application, lines 1,2 and 3 only and send along with a copy of your drivers license and this form to:

Correct@suffolkny-aa.org

OR

Fax: 631-368-9082

