

# 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: \_\_\_\_\_ Date Entering: \_\_\_\_\_

Facility:  Riverhead  Yaphank  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)

# 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](mailto:Correct@suffolkny-aa.org)

OR

Fax: 631-368-9082

