
*** TRAVEL PERMIT REQUEST ***

*****All information must be filled in or request will be delayed*****

Your Name:

Birthdate:

Your Address:

Your Phone:

Travel by: Auto/Air/Bus?

Travel with:

Destination:

Name/Address/Phone of destination

Will Depart:

Will Return:

CONDITIONS FOR TRAVEL PERMIT:

1. All fees (supervision, restitution, etc) must be current unless PPO makes an exception.
2. At least ten (10) days advanced notice (except emergencies)

Mail or Fax to:

MULTNOMAH COUNTY OREGON
Department of Community Justice Medium Risk Supervision Team
421 SW 5th Avenue, Suite 200, Portland, OR 97204
(503) 988-3239 Fax