**MULTIPLE INCARCERATED INDIVIDUAL**

**FUNDING REQUEST**

Sender name Phone number

Street address City State Zip

Email address (optional)

Currently sending funds to:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DOC NUMBER** | **RELATIONSHIP** | **FACILITY** |
|  |  |  |  |

In addition to above, requesting to send funds to:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DOC NUMBER** | **RELATIONSHIP** | **FACILITY** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Justification for request:

|  |
| --- |
| **APPOINTING AUTHORITY/DESIGNEE** |

Decision:  Approve  Deny

Comments:

      

Name Signature Date

Requestor may complete and mail this form to the facility(ies) where the individual(s) resides.

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

Distribution: **ORIGINAL** - Facility Superintendent **COPY** - Imaging file, Facility Business Office