



LAKE COUNTY
FLORIDA

TRAVEL PERMIT

TYPE OF TRAVEL AUTHORIZATION : TEMPORARY PROVISIONAL

FULL NAME: _____ CASE NO: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PURPOSE OF TRIP: _____

DEPARTURE DATE: _____ RETURN DATE: _____ METHOD OF TRAVEL: _____

DESTINATION ADDRESS: _____ PHONE NO: _____

ACCOMPANIED BY: _____ RELATIONSHIP: _____

OFFENSE(S): _____

SENTENCE LENGTH: _____ TERMINATION DATE: _____

DOB: _____ R/S: _____ HAIR: _____ EYES: _____ HGT: _____ WGT: _____

WAIVER OF EXTRADITION

I HAVE BEEN GIVEN THIS PERMISSION WITH THE EXPLICIT UNDERSTANDING THAT I AM TO CONTINUE TO FOLLOW THE RULES AND REGULATIONS OF MY SUPERVISION AND TO TRAVEL ONLY TO THE LOCATION DESIGNATED ABOVE. SHOULD I BE ARRESTED IN ANY OTHER STATE DURING THE PERIOD OF TRAVEL, I WILL WAIVE EXTRADITION AND WILL NOT RESIST BEING RETURNED TO FLORIDA.

OFFENDER _____ DATE _____

APPROVED BY:

OFFICER _____ DATE _____

PROBATION SERVICES | A division of the Department of Conservation & Compliance
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