



CITY OF GLENDALE, CALIFORNIA

Police Department
Custody Bureau

131 North Isabel Street
Glendale, California 91206-4382
(818) 548-3124/3125
Fax (818) 550-6584

GLENDALE CITY JAIL

Sentenced Inmate Programs Application

Applicants Name _____
(Last) (First) (Middle)

Aliases _____

Address _____
(Number) (Street) (City) (State) (Zip Code)

Birthdate _____ Age _____ Sex _____ Hair _____ Eyes _____ Height _____ Weight _____

Drivers License Number _____ State _____

Home Phone (_____) _____ Work Phone (_____) _____

Employer _____ Occupation _____

Address _____
(Number) (Street) (City) (State) (Zip Code)

Court Case Number _____ Court _____ Charge _____

In Case of Emergency, Notify: Name/Relationship:

(Name) (Relationship) (Phone)

Address _____
(Number) (Street) (City) (State) (Zip Code)

Do you have any medical problems? Yes No

Are you taking any prescription medications? Yes No

Explain yes responses _____

Applicant Signature _____ Date _____

OFFICE USE ONLY – DO NOT FILL IN

Interviewed by: _____	Date: _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
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Comments _____