SAMPLE JAIL REGISTER

I verify that information contained of is accurate and complete	VT DEPT OF CORRECTIONS LOCAL LOCKUP LOG FORM DC292 (rev. 4/94) LOCKUP NAME			FORM TO BE TYPED PLEASE NOTE: Dept. of Corrections standards require forwarding not later than the 15th of the month for the preceding month. Mail top (white) page to address at right. Retain bottom (yellow) page, UTDEPARTMENT OF CORRECTIONS DIVISION OF SECURITY & SUPERVISION 103 SOUTH MAIN STREET WATERBURY VT 05671-1001								
NAME		RACE	DATE OF BIRTH	OFFENSE AND BAIL	COMMITTING AGENCY		ADMISSION DATE TIME		DATE TIME		DISPOSITION AND REMARKS	L Contraction
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