



York County Sheriff's Office Inmate Work Crew Work Request Form



Date of Request: _____ Requestor: _____
(PRINT NAME)

Agency Requesting Crew: _____
(TOWNSHIP, COUNTY, AGENCY, DEPARTMENT, ETC.)

Agency Contact Name: _____

Agency Address: _____

Agency Phone Number: _____ / _____
(Office) (Cell)

Brief description of Project to be done (tools to be provided by requesting agency): _____

Date requested completion by: _____ Estimated time to complete: _____
(Hours/ days/ etc.)

Location of Project: _____

Send Request(s) to:
York County Sheriff's Office
CRU / Work Crew Supervisor
45 North George St.
York, Pa 17401
(717) 771-2496

Any projects / work requests by an inmate work crew are done so with consideration of the inmate welfare. No private request will be considered. All projects must be for the good of the public in mind.

SHERIFF'S OFFICE USE ONLY

Date Received: _____ Confirmation Sent: _____

Follow up contacted on: _____ Work Crew Assigned: _____

Work Proposal Accepted: Yes No (Explain): _____

Notes: _____

Start Date: _____ Completion Date: _____

Total Inmate work Crew Hours: _____