

**United States District Court
District of Oregon Probation Office**

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REQUEST FOR PERMISSION TO TRAVEL PACTS #: _____

INSTRUCTIONS: Provide the following information to your probation officer for review. You will be notified if your request has been approved.

PO Name: _____ Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Traveling to: _____
Leaving: _____ Returning: _____
Purpose of Trip: _____

Traveling by:

Auto Make/Model: _____ Year: _____
License Plate: _____ Color: _____
Owner: _____

Plane

	Departing	Returning
Date:	_____	_____
Time:	_____	_____
Airline:	_____	_____
Flight #:	_____	_____

Other _____

Traveling with: Self Only Others: _____

Accommodations:

Individual

Name: _____
Relationship: _____
Address: _____
Phone #: _____

Hotel

Name: _____
Address: _____
Phone #: _____

DENIED Reason for Denial: _____

APPROVED PO Signature: _____ Date: _____