



**CORRECTIONS DEPARTMENT  
COMMUNITY CORRECTIONS DIVISION  
PROBATION UNIT**

3723 Vision Boulevard  
**Reply To:** Post Office Box 4970  
Orlando, FL 32802-4970

**Alternative  
Community  
Service**  
(407) 836-3077

**Community  
Surveillance**  
(407) 386-3057  
(407) 836-0385

**Pretrial Services**  
(407) 836-0370  
(407) 836-3113

**Probation**  
(407) 836-3000

**Central Intake**  
(407) 836-3099

**TRAVEL PERMIT**

NAME: \_\_\_\_\_ MNI# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The above named offender is currently on probation through the Orange County Probation Unit and has been granted permission to travel.

The purpose of travel is:

- PERSONAL \_\_\_\_\_
- BUSINESS (travel is limited to business purposes only)

Method of Travel: \_\_\_\_\_

\_\_\_\_\_  
(name of employer and supervisor)

\_\_\_\_\_  
(employer address and telephone number)

Residence during travel: \_\_\_\_\_  
(Name and relationship or Hotel Information)

\_\_\_\_\_  
(Address/Phone #)

Will depart: \_\_\_\_\_ Will return: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Offender)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Community Corrections Officer)  
(407) 836-XXXX

This permit expires on: \_\_\_\_\_

Conditions of travel include:

- Notify this officer if there is **ANY** contact with law enforcement.
- Notify this officer upon return with a voice mail message.