MJAC Keelung Detention Center Long Distance Reception Application Form

MM/DD/YY:	
Weekday:	

Name o			Number of applicant		Dat	Date of Birth of Applicant:		Relationship with Inmate	
		•							
Address of Applicant:						Telephone No. of A			
Inmate	Code					Unit		E-mail Address of Applicant:	
Long-distance Reception Institution				Date & Time Slot to Be Applied :					
			MM. First		MM/DD/Y	M/DD/YY:		MM/DD/YY:	
			Priority		No. of Tim	e Slot:	Priority	No. of Time Slot:	
Approved Date & Time Slot			MM/DD/YY: Time Slot :			Time Slot :	Tir	ne: : ~ :	
Registered on the Internet:			Yes \(\square \) No			No			
Clerk:		Section Chie				Secretary:		Superintendent :	
Conversation Record									
Clerk:		Secti Chie	ction nief:			Secretary:		Superintendent :	

Note:

1. Reception is only available for working days from Monday to Friday.

Time Slot 1: $14:00\sim14:30$ Time Slot 2: $14:30\sim15:00$ Time Slot 3: $15:00\sim15:30$

Time Slot 4: 15:30~16:00 Time Slot 5: 16:00~16:30

- 2. The other slot will be arranged if the priority slots were reserved by other applicants. The applicant must go to the reception institution for registration based on the approved time slot.
- 3. The applicant fills in the gray columns only; others will be filled by the institution for approval process and conversation record.
- 4. Keelung Detention Center Tel: (02)2465-2391 Fax: (02)2466-0692