

PROPOSED CUSTOMER/CLIENT LIST

Prisoner's Name:

OTIS No.

Institution:

INSTRUCTIONS: List all proposed customer/clients and addresses. Attach an addressed envelope and copy of letter (form 815.05C) for each name, including postage, or payment for postage.

Customer Name and Address	Date Mailed	Staff Initial
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		
Name: _____ Address: _____ City, State, Zip: _____		

Date: \_\_\_\_\_