

Montgomery County Sex Offender Travel Itinerary

TRAVELING FOR: (check one)

WORK

PERSONAL

OFFENDER'S NAME: _____

TODAY'S DATE: _____

DEPARTURE DATE: _____

RETURN DATE: _____

MEANS OF TRAVEL:

AUTOMOBILE: AIRPLANE BUS BOAT

ADDRESS OFFENDER _____

WILL BE RESIDING AT: _____

****BE ADVISED, IF YOU ARE STAYING AT A LOCATION THAT IS NOT YOUR REGISTERED ADDRESS FOR SEVEN (7) DAYS OR MORE, YOU NEED TO INFORM THE LOCAL LAW ENFORCEMENT AUTHORITY OF YOUR PRESENCE****

****PLEASE CALL SEX COMPLIANCE UNIT AT (936) 538-3222 AFTER YOU HAVE E-MAILED THIS FORM TO CONFIRM DELIVERY. IF NO ANSWER, LEAVE MESSAGE****