

**TEXAS COMMISSION ON LAW ENFORCEMENT**

6330 E. Highway 290, STE. 200

Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

**CONTRACT JAIL AGENCY NUMBER APPLICATION**

**FACILITY INFORMATION**

<b>COMMISSION USE ONLY- DEPARTMENT NUMBER</b>	<b>COMMISSION USE ONLY- COG NUMBER</b>	<b>COMMISSION USE ONLY</b> Appropriate papers, (Application) filed with TCJS. <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Facility Name		2. Address	
3. City	4. State	5. County	6. Zip Code
7. Phone Number	8. Fax Number		9. Email

**FACILITY ADMINISTRATOR INFORMATION**

10. Title	11. First Name	12. M.I.	13. Last Name	14. Suffix
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**Statutory authority to establish a contract jail. Please cite applicable statute providing legislative authority.**

**(Attach a letter from TCJS to support status as contract jail.)**

**STATUTE NUMBER:** \_\_\_\_\_

**REQUESTING UNIT INFORMATION**

15. Unit Making Request		16. Address	
17. City	18. State	19. Zip Code	20. Phone Number

I, the applicant, am fully aware that this application is a government document and under penalties of perjury I declare the foregoing information to be true and correct.

\_\_\_\_\_  
Agency Administrator (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date