

TO: Associate Commissioner for Population Management

FROM: Superintendent Correctional Facility

VIA: Supervising Superintendent Hub

Permission is requested to make the change(s) in inmate housing capacity as described below on the following (date) _____. This request involves the addition, deletion or change of (total number) _____ of beds.

PART I REQUESTED CHANGES

1.	Location/building _____	Present Capacity _____	Changes _____	New Capacity _____
	a. Reason:			
*	b. Cell Locator System # _____	Use _____	Structure _____	Permanent or Temporary _____
2.	Location/building _____	Present Capacity _____	Changes _____	New Capacity _____
	a. Reason:			
*	b. Cell Locator System # _____	Use _____	Structure _____	Permanent or Temporary _____
3.	Location/building _____	Present Capacity _____	Changes _____	New Capacity _____
	a. Reason:			
*	b. Cell Locator System # _____	Use _____	Structure _____	Permanent or Temporary _____

* List each bed change requested using 7 digit locator system number (i.e. block, tier, cell ---- 00-00-000), bed use (i.e. general confinement, infirmary, S.H.U. or other). Physical structure(i.e. Secure cell or Dormitory) and whether the change is permanent or temporary.

PART II

CENTRAL OFFICE REVIEW

Division of Facilities Planning and Development:
Comment

Name Signature Date

Deputy Commissioner: (Comment)
Comment

Name Signature Date

Associate Commissioner – Population Management:
(Summary and Recommendations):

Name Signature Date

Commissioner Approved _____ Disapproved _____ Date _____
Comment: