

Yes, I am interested in your inmate labor program.

Please have a representative of the Sheriff's Office contact me.

NAME: _____

POSITION/TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

DESCRIPTION OF SERVICES NEEDED: _____

**** USE EXTRA PAPER IF NEEDED ****

Projects must be approved by the Municipal Administrator or Elected Officials

Please mail your completed form to:

Medora Morris, Project Coordinator, Monmouth County Correctional Institution

P.O. BOX 5007 FREEHOLD, NJ 07728-1263

PHONE: (732)-431-7860 EXT: 3673 FAX: (732)-845-2021 EMAIL: MMORRIS@MCSONJ.ORG