STATE OF CALIFORNIA
INMATE/PAROLEE REQUEST FOR INTERVIEW, ITEM OR SERVICE
CDCR 22 (10/09)

## SECTION A: INMATE/PAROLEE REQUEST

NAME (Print):	(LAST NAME)		FIRST NAME)	CDC NUMBER:	SIGNATURE:	
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HOUSING/BED NO	NUMBER: ASSIGNMENT:		AND THE PROPERTY OF THE PROPER	HOURS FROMTO	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):	
CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:						
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METHOD OF DELIVERY (CHECK APPROPRIATE BOX ) **NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED **						
☐ SENT THROUGH MAIL: ADDRESSED TO: DATE MAILED:/						
	RECEIVED BY: PRINT STAFF NAME:		DATE:	SIGNATURE:		FORWARDED TO ANOTHER STAFF?
						(CIRCLE ONE) YES NO
IF FORWARDED – TO WHOM:			DATE DELIVERED/MAILED:		METHOD OF DELIVERY:	
						(CIRCLE ONE) IN PERSON BY US MAIL
SECTION B: STAFF RESPONSE						
RESPONDING ST	AFF NAME:	D	ATE:	SIGNATURE;		DAYE RETURNED:
		ing-kai-khi digita akki ikki kalan angan ang				
SECTION C: REQUEST FOR SUPERVISOR REVIEW						
PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.						
SIGNATURE:			DATE SUBMITTED:			
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SECTION D: SUPERVISOR'S REVIEW						
RECEIVED BY SU	IPERVISOR (NAME):		DATE:	SIGNATURE:		DATE RETURNED;
	NAMES AND SECULAR SECU					
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