



Please fill out completely and return to Prison Book Project as soon as possible. Thank You

PBP Facility # _____

Date Sent : _____

Date Received : _____

FACILITY INFORMATION SHEET

CONTACT INFORMATION

Facility Name: _____

Contact Name: _____

Email address: _____

United Parcel Service Shipping Address

Street: _____ Facility

City: _____ Home

State: _____ Zip: _____ Church

State: _____ Zip: _____ Other

US Post Office Address for Correspondence

Street or P.O. Box: _____ Facility

City: _____ Home

State: _____ Zip: _____ Church

State: _____ Zip: _____ Other

FACILITY DETAILS

Prison _____ Jail _____ Camp _____

Other _____

Number of Men: _____

Number of Women: _____

Can You Use... ?

Hardback Books §

Audio Tapes §

Video Tapes §

CD's §

DVD's §

Spanish materials §

Stapled Items §

Juveniles §

Office Phone: (____) _____ X _____

Fax Number: (____) _____ X _____

Cell Phone : (____) _____ X _____

Other : (____) _____ X _____

What restrictions are placed on shipments?

Please enclose an authorization form if required.

Please list the names of the other facilities (units, camps, yards, libraries, etc.) that you supply with the books we send.

COMMENTS :

Prison Book Project

P.O. Box 1146 • Sharpes, Florida 32959 • 321-269-4100

Web Site: www.prisonbookproject.org • E-mail: touchinglives@prisonbookproject.com