



**COUNTY OF SAN LUIS OBISPO
SHERIFF'S OFFICE**

Ian Parkinson *Sheriff-Coroner*

SAN LUIS OBISPO COUNTY JAIL
Mail Denial Appeal Request Form

Section 1: Appellant Information

Name of Sender (Individual or Company):

Company Name (if applicable):

Mailing Address:

Phone Number:

Email Address:

Section 2: Incarcerated Person Information

Name of Incarcerated Person (First, Middle, Last):

Identification Number (if known):

Relationship to Sender:

Family Member

Friend

Legal Representative

Business

Other:

Section 3: Denied Mail Details

Date of Mail Denial Notification:

Description of Item(s) Denied (e.g., letter, photo, publication, etc):

Reason for Denial (as stated by jail, if known):

County of San Luis Obispo Sheriff's Office

1585 Kansas Ave. | San Luis Obispo, CA 93405 | (P) 805-781-4550

www.slosheriff.org

Section 4: Grounds for Appeal

Please explain why you believe the denied mail should have been accepted. Include any supporting arguments, policy references, or relevant information. Attach additional pages or documentation if necessary.

Section 5: Supporting Documents

Check all that apply and include with this form:

Copy of denied item(s) (if available)

Copy of denial notice

Legal or business justification for mailing

Other supporting documents:

Section 6: Certification

I certify that the information provided in this appeal is true and complete to the best of my knowledge. I understand that submitting false or misleading information may result in the rejection of this appeal.

Signature: _____ Date:

Submission Instructions

Submit completed forms and supporting documentation to:

San Luis Obispo County Jail – Mail Appeals

1585 Kansas Avenue

San Luis Obispo, CA 93405 OR Email to: SH-inmatemail@co.slo.ca.us

Appeals will be reviewed in accordance with jail policy. A response will be provided within 15 business days of receipt. Appeals must be received 30 days from date of denial.

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