

Department of Public Safety and Correctional Services

Sign-Up Grooming Log

Housing Location:	
Date:	

By signing this document below, I agree that I have read the Posted Hygiene Instructions and agree to have my hair grooming services provided by the facility's barbershop, and in addition, I will abide by the policy/procedure, rules, and regulations governing this facility.

	Name	I.D. #	Housing/Bed	Grooming Received
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