VERIFICATION OF INCARCERATION FEES



Case Number				
Inmate	CHESTER, TONILYNN		DOB	08/28/1963
Booking No.	20170754		SSN	
The above nam Oklahoma durii	ed inmate was incarcerated in the following dates:	the Jail Facility, McI	ntosh Co. Sheriff	
Incarcerated or	05/26/2017 10:48	-		,
Released on	08/06/2017 08:30			
Expenses to the Jail Facility were incurred as follows:				
71.92	Days @ \$ <u>40.00</u> per day	\$ 2876.80	UF You ca	In andisymous
Medical Care		\$	nall (-222-TRAFF
Other expenses		\$		
	Total	ş 2876.80		
Pursuant to 22 McIntosh Co. Si	O.S. § 979a, the County may red heriff \cdot	quire you to pay cos	ts associated with yo	ur incarceration at the
The undersigned Facility.	d inmate acknowledges receivir	ng notice of costs of	incarceration fees in	curred by the above Jail
Inmate Signature		Employee Signatur	re	
CHESTER, TO	NI LYNN			
Inmate		Employee		_
Date		Date		_