



METRO GANG UNIT
CHOOSE GANG FREE
RESIDENTS AGAINST GRAFFITI

A MULTI-JURISDICTIONAL GANG INTELLIGENCE, SUPPRESSION & DIVERSION UNIT

3365 South 900 West • Salt Lake City, Utah 84119
Phone #385-468-9770

TATTOO REMOVAL PROGRAM APPLICATION

Date: _____

Personal Data

Full Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Date of Birth: _____

E-Mail Address: _____

Physical Description

Height: _____ Hair Color: _____ Weight: _____

Eye Color: _____ SSN: _____ DL #: _____

Description of Location of Tattoos (Please Attach Photos):

Gang Background

Name of Gang: _____ Moniker: _____

Age When First Joined: _____ Currently active in a gang? _____

Reason for Joining: _____

How did you leave the gang? _____

Are you currently on Federal or State probation or parole? _____

If yes: Agent's Name: _____ What State? _____

Current Activities

School Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

***** ALL AREAS MUST BE FILLED IN COMPLETELY*****

PARTICIPATING AGENCIES: Bureau of Alcohol, Tobacco, Firearms & Explosives • Federal Bureau of Investigation • Granite School District Police Department • ICE/ERO
Salt Lake City Police Department • Salt Lake County District Attorney's Office • Salt Lake County Sheriff's Office • Saratoga Springs Police Department • South Salt Lake Police Department
Unified Police Department of Greater Salt Lake • United States Attorney's Office • United States Marshals Service • Utah Department of Corrections — Adult Probation & Parole
Utah Department of Human Services — Division of Juvenile Justice Services • Utah Department of Public Safety — State Bureau of Investigation • West Valley City Police Department

TATTOO REMOVAL PROGRAM APPLICATION
Consent Form

I hereby certify that the information I have supplied is true and correct.

Dated this _____ day of _____, 20_____

Print Name: _____

Consent to Participate

I hereby give _____ (“Applicant”) permission to participate in the Salt Lake Area Gang Project’s Tattoo Removal Program. I hereby certify all the information provided above is true and correct. I further certify that I understand and agree:

- Acceptance into the Tattoo Removal Program is voluntary and participation is based on compliance with all the terms and conditions of the Program.
- The Salt Lake Area Gang Project may verify by any means necessary the information provided on this application.
- Acceptance into the Tattoo Removal Program in no way establishes a physician-patient relationship between the Salt Lake Area Gang Project and the Applicant.
- The Salt Lake Area Gang Project in no way guarantees the effectiveness of any treatments provided by the Division of Plastic and Reconstructive Surgery at the University of Utah Medical Center. The Salt Lake Area Gang Project is merely acting as a referrer. The applicant is free to accept or reject any services proposed by the Division of Plastic and Reconstructive Surgery at the University of Utah Medical Center.
- Actual tattoo removal will be performed by the Division of Plastic and Reconstructive Surgery at the University of Utah Medical Center according to their policies and procedures. The applicant and the Division of Plastic and Reconstructive Surgery at the University of Utah Medical Center will enter into a Laser Tattoo Removal Agreement and an Informed Consent Agreement prior to the Division of Plastic and Reconstructive Surgery at the University of Utah Medical Center providing any tattoo removal services.
- I will hold the Salt Lake Area Gang Project, its employees and member agencies harmless from any and all claims arising from the Salt Lake Area Gang Project’s referral of the Applicant to the Division of Plastic and Reconstructive Surgery at the University of Utah Medical Center.

Dated this _____ day of _____, 20_____.

Applicant Signature