

**NYS Department of Corrections & Community Supervision  
Location Preference Sheet**

**Name:** (please print) \_\_\_\_\_

**Title:** Dentist 1

**Please read carefully prior to completing**

**Please indicate below which facility(s) you are interested in applying to. This form should be completed and submitted with your NYS-APP to the facility(s) of interest.**

PERM	TEMP		PERM	TEMP	
_____	_____	ADIRONDACK (Essex Co.)	_____	_____	GROVELAND (Livingston Co.)
_____	_____	ALBION (Orleans Co.)	_____	_____	HALE CREEK (Fulton Co.)
_____	_____	ALTONA (Clinton Co.)	_____	_____	HUDSON (Columbia Co.)
_____	_____	ATTICA (Wyoming Co.)	_____	_____	LAKEVIEW (Chautauqua Co.)*
_____	_____	AUBURN (Cayuga Co.)	_____	_____	MARCY (Oneida Co.)
_____	_____	BARE HILL (Franklin Co.)	_____	_____	MID-STATE (Oneida Co.)
_____	_____	BEDFORD HILLS (Westchester Co.)	_____	_____	MOHAWK (Oneida Co.)
_____	_____	CLINTON (Clinton Co.)	_____	_____	OTISVILLE (Orange Co.)
_____	_____	COLLINS (Erie Co.)	_____	_____	QUEENSBORO (Queens Co.)
_____	_____	COXSACKIE (Greene Co.)	_____	_____	SHAWANGUNK (Ulster Co.)
_____	_____	EASTERN NY (Ulster Co.)	_____	_____	SING SING (Westchester Co.)
_____	_____	ELMIRA (Chemung Co.)	_____	_____	TACONIC (Westchester Co.)
_____	_____	FISHKILL (Dutchess Co.)	_____	_____	UPSTATE (Franklin Co.)
_____	_____	FIVE POINTS (Seneca Co.)	_____	_____	WALKKILL (Ulster Co.)
_____	_____	FRANKLIN (Franklin Co.)	_____	_____	WASHINGTON (Washington Co.)
_____	_____	GOUVERNEUR (St. Lawrence Co.)	_____	_____	WENDE (Erie Co.)
_____	_____	GREEN HAVEN (Dutchess Co.)	_____	_____	WOODBOURNE (Sullivan Co.)
_____	_____	GREENE (Greene Co.)	_____	_____	WYOMING (Wyoming Co.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security #**

\_\_\_\_\_  
**Date**