

APPLICATIONS MUST BE MAILED TO:

Vanderburgh County Sheriff's Office  
ATTN: Administration  
3500 N Harlan Ave, Evansville IN 47711

# Vanderburgh County Sheriff's Office

## 2020 Civic Center & Courts Building • Request for Access

Revision 2020.001

**PLEASE READ:** Starting with the 2020 credential cycle, the cost for professional access credentials will be **\$100.00** per year. Professional credentials will only be issued or renewed through March of each year starting in December the prior year. Access requests **will not** be processed without all of the required information, typed or written legibly, including a valid email address.

PERSONAL DATA (REQUIRED)

Full Name (Last, First, Middle)	Date of Birth	Driver License Number (State) or Social Security Number
Organization & Position	Gender	
Mailing Address	Telephone Number	Cell Phone Number
City, State, Zip	Email Address	

COMPLETE IF A PROFESSIONAL REQUEST

Complete this section if you are a professional whose business or occupation requires frequent access to the courts or other governmental offices located in the Civic Center or Courts. If approved, you will be required to purchase or renew the credentials for \$100.00 annually. Please affix a check for \$100.00 made out to the Evansville-Vanderburgh County Building Authority to the application (it will be returned if your application is denied).

Describe your business within the Civic Center or Courts Building and why issuance of security credentials is appropriate. Please indicate if you are requesting anything other than main entrance, normal business hour access and provide your justification for it (you may add additional sheet(s)).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

COMPLETE FOR BOARDS or OTHER

Complete this section if you are an employee of the City of Evansville, Vanderburgh County, other governmental unit employee or you are an appointed member of a city or county "Board" and your employment or appointment requires you to frequently enter the Civic Center or Courts and you are requesting enhanced access to the Civic Center or Courts Building.

Special circumstances, considerations or access needs (if a board appointment, include the term expiration date of your appointment).

\_\_\_\_\_  
\_\_\_\_\_

Requesting Signature, Date \_\_\_\_\_ Office Holder, Department Head or Appointing Authority \_\_\_\_\_ Authority Signature, Date \_\_\_\_\_

ALL APPLICANTS MUST COMPLETE THIS SECTION

- Initial \_\_\_\_\_ I understand and agree that if approved, the credentials issued to me belong to the Evansville-Vanderburgh County Building Authority and upon direction of the Sheriff may be revoked or altered.
- Initial \_\_\_\_\_ I understand and agree that if approved, no other person can accompany me through any security entrance using my issued credential and doing so may result in the immediate revocation of my security access.
- Initial \_\_\_\_\_ I understand and agree that if approved, my person and any items in my possession may be subject to search by Sheriff's Office personnel.
- Initial \_\_\_\_\_ I understand and agree that at no time may I bring any type of firearm, explosive, large knife, electrical stun device or anything else that upon normal examination would be considered a deadly weapon and doing so will result in the immediate revocation of my security access and possible arrest.
- Initial \_\_\_\_\_ I understand and agree that unless otherwise denoted by the Sheriff, my access is limited to the main entrances of the Civic Center and the main entrance of the Court Building during normal operational hours and that I must maintain my security credentials on my person at all times while in the buildings and that when challenged for them by any member of the Sheriff's Office I will present them.
- Initial \_\_\_\_\_ I understand and agree that by submitting this request, I am authorizing the Sheriff's Office to conduct a criminal history check on me in order to determine the appropriateness of granting this request and the Sheriff's Office may conduct additional criminal history checks on me at any time while the security access credentials are valid.
- Initial \_\_\_\_\_ I understand and agree that if my employment, appointment, role or assignment changes in a manner that had it been in effect at time of application, I would likely not have met the requirements for issuance of security clearance, I will immediately notify the Sheriff's Office in writing of this change and will surrender my security credential if directed to do so.

SHERIFF'S OFFICE ONLY

APPROVED \_\_\_\_\_  
DENIED \_\_\_\_\_

BLDG AUTHORITY ONLY

Issued Date \_\_\_\_\_ Receipt Number \_\_\_\_\_  
\_\_\_\_\_