

APPLICATIONS MUST BE MAILED TO:
Vanderburgh County Sheriff's Office
ATTN: Administration
3500 N Harlan Ave, Evansville IN 47711

VANDERBURGH COUNTY SHERIFF'S OFFICE
2025 Civic Center & Courts Building • Request for Limited Access
Check one: New Application Renewal

PLEASE READ: Starting with the 2024 credential cycle, the cost for attorney limited access credentials will be \$25.00 per year. Access requests will only be accepted between **December 02, 2024 and March 28, 2025**. 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 Number _____

City, State, Zip _____ Email Address _____

COMPLETE IF A PROFESSIONAL REQUEST

Complete this section if you are an attorney that requires frequent access to the courts located in the Civic Center or Courts Building. If approved, you will be required to purchase or renew the credentials for \$25.00 annually. Please affix a check for \$25.00 made out to the Evansville-Vanderburgh County Building Authority to the application (it will be returned if your application is denied).

Signature _____ Date _____

ALL APPLICANTS MUST COMPLETE THIS SECTION

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 a secure door 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, or dangerous item and doing so will result in the immediate revocation of my security access and possible arrest or fine.
initial

I understand and agree 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 will immediately notify the Sheriff's Office in writing and will surrender my security credential should my status as an active attorney change.
initial

I understand that I am required to enter only at public doors and may NOT bypass security screening.
initial

SHERIFF'S OFFICE ONLY

APPROVED _____

_____ Issued Date _____ Receipt Number _____

DENIED _____

BLDG AUTHORITY ONLY