

INSTRUCTIONS

You may complete this form online if you have Adobe Reader and you are running Windows 7 OS. You may download Adobe Reader free [here](#). If you are running Windows XP, you will need to print the form to complete.

1. Save the form to your desktop or alternate location.
2. Attach the document(s) to an email and send to: <mailto:hcsd@howardcountyin.gov>.

TERMS OF ACCEPTANCE AND ELECTRONIC SIGNATURE

By electronically signing this document, you warrant the truthfulness of the information provided in this document.

***SURFACE USERS ONLY – WINDOWS 10**

If you are using Windows 10 with a Microsoft Surface you may experience an issue signing your document. You may download a free app such as XODO.

- Install XODO
- Save the Employment Application
- Open document in XODO and complete
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***WINDOWS 10 USERS**

You will need to access the document(s) using an alternate browser, such as Chrome or Firefox.

MOBILE USERS (Android & Apple)

You must have Adobe Reader or another compatible PDF editor installed prior to completing the document(s).



**SHERIFF OF HOWARD COUNTY
HOWARD COUNTY CRIMINAL JUSTICE CENTER
1800 WEST MARKLAND
KOKOMO, INDIANA 46901**

GENERAL FORM REQUEST FOR PUBLIC ACCESS RECORDS

Pursuant to the Access to Public Records Act (Indiana Code 5-14-3-1, et seq.), this is to request a copy of the following public records from the Howard County Sheriff's Department

(Describe records with reasonable particularity)

I understand that I must pay the applicable copying fees established by the Howard County Ordinance BCC-1995-6 and attached to this Request.

I further understand that if I hand-deliver this request, Howard County Sheriff's Department must respond within twenty-four (24) business hours after receipt. However, if the request is sent to the Howard County Sheriff's Department by FAX, Regular Mail, or Electronic Mail, the Howard County Sheriff's Department must respond within seven (7) calendar days after receipt.

Requesting Party:

Signature:

Printed Name:

Address:

City/State/Zip:

Phone No:

Email:

Dated:

For Howard County Sheriff's Department Only:

Received: _____, at _____ o'clock ____ m.

By: Hand-delivered: _____ Fax: _____

Regular Mail: _____ Email: _____

**ADMINISTRATIVE OFFICE: 765.456.2020 FAX: 765.456.2145
DISPATCHER: 765.457.1105 CRIMINAL INVESTIGATIONS: 765.456.2031
JAIL: 765.456.2026 RECORDS: 765.456.2024**

FEES. (A) The following document copying fees are hereby established by and for the Sheriff's Department:

- (1) Case reports, \$5 for the first page and \$3 for each additional page.
- (2) Case cards (3x5 cards), \$3 per card.
- (3) VHS video tapes, \$35 per tape.
- (4) Standard size photographs, \$5 for the first photograph and \$3 for each additional copy.
- (5) Special size photographs, \$5 plus additional costs based on size.
- (6) Criminal records check, \$5 per check.
- (7) Criminal investigation report, \$5 for the first page and \$3 for each additional page.

(B) The Sheriff's Department shall record and account for such fees collected as required by I.C. 36-2-7-15 and any other applicable laws and regulations, and such fees may be deposited as cost reimbursements to such Sheriff's Department office accounts as the Sheriff shall deem appropriate.

(C) In accordance with I.C. 35-47-2-3(b), the Sheriff's Department shall charge a \$10 fee for each handgun permit applicable and such fee shall be deposited in the Sheriff's Department's Firearms Training Fund and used for firearms training or firearms equipment purchase as authorized by the Statute.

(D) This section shall not affect the Sheriff's Department duty to disclose or not to disclose records as set forth in the Indiana Access to Records Act, being I.C. 5-14-3-1 et seq.

(BCC Ord. 1995-6, passed 2-6-95)