

BOARD OF COMMISSIONERS OF WABASH COUNTY, INDIANA

RESOLUTION NO. 2015-85-13

**RESOLUTION ADOPTING A POLICY ESTABLISHING A PROCESS TO RESTRICT ACCESS TO HOME ADDRESSES ON THE COUNTY'S PUBLIC PROPERTY DATA BASE WEB SITES**

There is in effect I. C. 36-1-8.5, et, seq., providing for the restriction of access to home addresses of certain persons ("Covered Persons") on the County's public property data base web sites.

I.C. 36-1-8.5-7 provides that the County may establish a process to prevent a member of the general public from gaining access to the home addresses of Covered Persons on the County's public property data base web sites, and the County now wishes to establish such a process.

NOW THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF WABASH COUNTY, INDIANA, THAT:

1. A judge, as defined in I.C. 36-1-8.5-3, a law enforcement officer as defined in I.C. 36-1-8.5-4, or a victim of domestic violence as defined in I.C. 36-1-8.5-6, each a Covered Person, may submit a written request to the County Auditor to restrict their home addresses from the County's public property data base web sites, as those web sites are defined in I.C. 36-1-8.5-5.

2. The form of the written request to restrict access shall be as follows:

**APPLICATION TO RESTRICT ACCESS TO HOME ADDRESS**

*I hereby certify that I am a "covered person" as defined in Indiana Code 36-1-8.5-2 because I am a (check one):*

- judge as defined in I.C. 36-1-8.5-3,*
- law enforcement officer as defined in I.C. 36-1-8.5-4, or*
- victim of domestic violence as defined in I.C. 36-1-8.5-6.*

*Upon request, I will promptly provide to the Auditor of Wabash County any information reasonably requested to verify my standing as a covered person. I understand that access to my home address may not be restricted until such information is provided.*

*I have read Wabash County's policy restricting access to home addresses, and acknowledge my understanding of that policy.*

*By completing and submitting this Application, I am requesting that access to my home address be restricted on the County's public property data based web sites.*

Date: \_\_\_\_\_

*(Signature)*

Print name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

3. The County shall restrict access to the home address of a Covered Person until the Covered Person submits a written request to the County to allow public access to his or her home address on the County's public property data base web sites.

4. The form of the written request to allow access shall be as follows:

**APPLICATION TO ALLOW ACCESS TO HOME ADDRESS**

*I hereby certify that I am a "covered person" as defined in Indiana Code 36-1-8.5-2 because I am a (check one):*

- \_\_\_\_\_ judge as defined in I.C. 36-1-8.5-3,
- \_\_\_\_\_ law enforcement officer as defined in I.C. 36-1-8.5-4, or
- \_\_\_\_\_ victim of domestic violence as defined in I.C. 36-1-8.5-6.

*I have previously submitted a written request to restrict access to my home address on the County's public property data base web sites. I now wish to withdraw that request and allow access to my home address on the County's public property data base web sites.*

*I have read Wabash County's policy restricting access to home addresses, and acknowledge my understanding of that policy.*

*By completing and submitting this Application, I am requesting that access to my home address be allowed on the County's public property data based web sites.*

Date: \_\_\_\_\_

\_\_\_\_\_ (Signature)  
Print name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Parcel #: \_\_\_\_\_  
Parcel #: \_\_\_\_\_  
Parcel #: \_\_\_\_\_  
Parcel #: \_\_\_\_\_

5. The fee to be charged a Covered Person for each parcel described in an application to restrict access shall be Twenty-Five Dollars (\$25.00), which shall be collected by the County Auditor at the time a written request made, and deposited into the County's general fund.

6. If, after submitting a written request to restrict access to home address, the Covered Person obtains a change of name and notifies the County in writing of the name change, the County shall prevent a search by the general public of the County's public property data base web sites from disclosing or otherwise associating the Covered Person's home address with the Covered Person's former name and new name.

7. A written request, notification of name change, or any other information submitted to the County by a Covered Person is confidential under I.C. 5-14-3-4(a).

8. Pursuant to I.C. 36-1-8.5-12, a County may not be held civilly liable for failure to timely restrict access to home address unless the County's act or omission constitutes gross negligence or willful or wanton misconduct.

Adopted this 31st day of August, 2015.

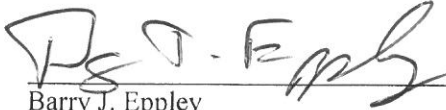
BOARD OF COMMISSIONERS OF WABASH COUNTY



Brian K. Haupt, Chairman



Scott E. Givens



Barry J. Eppley

ATTEST:

  
Linda Conrad, Wabash County Auditor

**APPLICATION TO RESTRICT ACCESS TO HOME ADDRESS**

I hereby certify that I am a "covered person" as defined in Indiana Code 36-1-8.5-2 because I am a (check one):

- \_\_\_\_\_ judge as defined in I.C. 36-1-8.5-3,
- \_\_\_\_\_ law enforcement officer as defined in I.C. 36-1- 8.5-4, or
- \_\_\_\_\_ victim of domestic violence as defined in I.C. 36-1-8.5-6.

Upon request, I will promptly provide to the Auditor of Wabash County any information reasonably requested to verify my standing as a covered person. I understand that access to my home address may not be restricted until such information is provided.

I have read Wabash County's policy restricting access to home addresses, and acknowledge my understanding of that policy.

By completing and submitting this Application, I am requesting that access to my home address be restricted on the County's public property data based web sites.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Print name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parcel #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Parcel #: \_\_\_\_\_