

# BARTHOLOMEW COUNTY JAIL TOUR REQUEST

Group Requesting Tour: \_\_\_\_\_

How many: \_\_\_\_\_

Age of Group: Pre School Elementary High School College  
Adult

Contact Person: \_\_\_\_\_

Contact Phone Number/Email: \_\_\_\_\_

\_\_\_\_\_

Requested date and time of tour: \_\_\_\_\_

Expectations of tour:

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

Approved by: \_\_\_\_\_

Please email this form to [SHERIFFJailAdmin@bartholomew.in.gov](mailto:SHERIFFJailAdmin@bartholomew.in.gov) or  
fax to 812-379-1749