



Indiana Department of Revenue Sheriff Portal Registration

County Information

County: _____ Address: _____
Sheriff's Name: _____
Email: _____
Phone: _____

Portal Login User 1

Web Logon/Username: _____ Title: _____
Name: _____
Phone: _____
Email: _____

Portal Login User 2

Web Logon/Username: _____ Title: _____
Name: _____
Phone: _____
Email: _____

Portal Login User 3

Web Logon/Username: _____ Title: _____
Name: _____
Phone: _____
Email: _____

Sheriff's Signature/Authorization: _____ Date: _____

It is not required that you have more than one user. If you need additional users, you may complete another form.

Email this completed form (or any questions you may have) to psaa@dor.in.gov.

****The person executing this registration attests to all requisite and proper authority to perform such execution.**