



LOST OR STOLEN GUN PERMIT REPORT

NAME: _____

ADDRESS: _____

ZIP CODE: _____

DATE OF OCCURRENCE: _____

LOCATION: _____

POLICE DISTRICT OCCURRENCE WAS REPORT TO: _____

DISTRICT CONTROL #: _____

CIRCUMSTANCES OF LOSS OR THEFT – (BE AS SPECIFIC AS POSSIBLE)

SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

COPY DRIVER'S LICENSE; OLN: _____

G-NUMBER: _____