

BELOIT POLICE DEPARTMENT FIREARM RETURN REQUEST FORM



To comply with federal legislation 18 U.S.C. 922, the owner of a firearm must complete this form to request the return of firearm. Please submit the form to the Beloit Police Department Captain of Special Operations.

Date / Location of Seizure:			CAD#
LAST NAME, FIRST NAME MIDDLE	SEX	RACE	DATE OF BIRTH
ADDRESS / City / State / Zip			Phone

CERTIFICATION. Questions 1 through 12 must be answered with a "yes" or "no" inserted in the box at the right of the question.			
1. Are you the actual owner of the firearm(s)?		7. Are you an alien who is unlawfully in the United States or who has been admitted to the United States under a nonimmigrant visa?	
2. Are you able to provide proof of ownership?		8. Have you been discharged from the Armed Forces under dishonorable conditions?	
3. Have you been convicted or charged in any court of a crime punishable by imprisonment for a term exceeding one year		9. Have you ever renounced your United States citizenship?	
3. Are you a fugitive from justice?		10. Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such a partner?	
5. Are you an unlawful user of or addicted to any controlled substance (as defined in section 102 of the Controlled Substances Act, codified at 21 U.S.C. § 802)		11. Have you been convicted of a misdemeanor crime of domestic violence?	
6. Have you ever been adjudicated mental defective or have you been committed to any mental institution		12. Photocopy of identification provided?	

Firearm Description

Make	Model	Caliber	Serial #

My signature below acknowledges that I am the rightful owner of the above listed firearm and confirm I have answered the above questions truthfully.

Requester Signature: _____ Date: _____

Person Receiving Request: _____ Employee # _____ Date: _____

MUST ATTACH COPY OF PHOTO IDENTIFICATION FOR REQUEST TO BE PROCESSED