

CITY OF PICKERINGTON

WEAPONS DISCHARGE PERMIT

Name of person requesting - _____

Date of request - _____

DOB- ____ / ____ / ____

Address _____

City _____

Phone (____) _____

Weapon Type:

Pistol/Caliber _____

Shotgun _____

Rifle/Caliber _____

Archery _____

Dates requested: from _____ to _____

Location for Request (specific address, lot, plat, of area):

Purpose of Request (describe the reasons for and the objectives for the request):

Type of Vermin, Pests, or Animals to be dispatched:

Additional restrictions imposed by the Chief of Police:

Must have a minimum of 5 acres. All state and federal hunting laws and restrictions apply, including written permission from landowner. Written permission must be carried on person

The applicant requesting exemption agrees to comply with the regulations set forth in 678.09d of the Pickerington Codified Ordinances and any other restrictions listed by the Chief of Police. The person requesting exemption is **solely** responsible for his/her actions and/or the consequences of those actions.

APPLICANT

CHIEF OF POLICE