



# MADISON COUNTY SHERIFF'S OFFICE



## Request for Return of Firearm

This form must be completed and submitted to the Madison County Sheriff's Office Crime Scene Investigations division. The procedure must be completed prior to the release of a firearm. You will be contacted with 30 days of the receipt of this form by the Crime Scene Unit. If the firearm(s) was seized from another person you must provide documented proof of ownership, or owner's permission to receive the firearm.

Full Legal Name:

Other names used:

Date of Birth:

Driver's License Number:

State:

Current Address(residence):

Place of Birth:

SSN:

Telephone:

Email:

I hereby certify that the above information provided by me to the Madison County Sheriff's Office is true, accurate and complete. I understand the Madison County Sheriff's Office relies on this information to make the determination as to my legal right to possess a firearm.

Signature:

Case Number(s):

Description of firearms

Make:

Model:

Serial:

Make:

Model:

Serial:

Make:

Model:

Serial:

This section to be completed by Madison County Sheriff's Office Investigations Division

The owner, or other person entitled to possession is:

Eligible:    Ineligible:    to receive and possess a firearm under the laws of the State of Alabama.

Comments:

Releasing Deputy:

Badge No.:

Date: