FIREARM RETURN FORM EAST POINT POLICE DEPARTMENT

NAME:		
ADDRESS:	FIRST	MIDDLE
ADDRESS:	STREET ADDRESS (PHYSICA	AL ADDRESS)
CITY:	STATE:	ZIP:
PHONE NUMBER:	RACE:	M / F (CHECK ONE)
DATE OF BIRTH:	SOC SEC NUMBER:	
EAST POINT POLICE CAS (IF UNKNOWN, PR	E NUMBER: #_ OVIDE AN APPROXIMATE DATE THE	FIREARM WAS TAKEN)
APPLICANT SIGNATURE:		DATE:
number, and approximate required if the owner is de 3. A Certified Copy of the firearm is completed throughout Georgia State Court, Georgia Pursuant To (o.c.g.a. 16	Court Disposition - This will statugh the court system (East Point rgia Superior Court).	An executor of the estate is the that the case involving the City Court, Fulton County Court of LL BE CHECKED PRIOR TO WEAPON
EMAIL COME	ST ITEMS TO THE POLICE DEPART PLETED FORM ALONG WITH CHEC propertyevidence@eastpointcit	
READY FOR PICK-UP. ALLOW ATF (ALCOHOL,	FOUR TO EIGHT WEEKS FOR TH	
DEPARTMENTAL USE ON		
DATE RECEIVED:PROCESSED BY:CRIMINAL HISTORY CHECK	ED: YES NO	
FIREARM RETURNED: YES IF NOT RETURNED, EXPLAI		Ε):