



Ken Johnson
Chief of Police

(503) 674-6200
FAX (503) 492-4859

POLICE DEPARTMENT
1300 N.E. Village St., Fairview, OR 97024

REQUEST FOR RETURN OF FIREARM/AMMUNITION

This form must be completed and submitted to the Fairview Police Department's Property and Evidence Department at the below address. This procedure must be followed prior to the release of any firearm or ammunition. You will be contacted within 15 days of the date this form was received. If firearms were seized from another person, you must provide written permission or proof of ownership to pick up the weapon.

Full Name: _____ Case # _____

Other Names Used: _____

Date Of Birth: _____ Place Of Birth: _____

Social Security Number: _____

Current Address: _____

Drivers License Number: _____ State Issued: _____

Home Telephone Number: _____ Work/Other Number: _____

Have You Ever Been Convicted Of A Felony? Yes _____ No _____

If Yes, What State? _____ What Country? _____

Are You The Subject Of A Pending Domestic Violence Criminal Matter Or Stalking/Restraining Order?

Yes _____ No _____

Signature: _____

.....
THIS SECTION TO BE FILLED OUT BY A PROPERTY OFFICER

Case Number: _____

Make: _____ Model: _____

Handgun: _____ Shotgun: _____ Rifle: _____ Serial Number: _____

Eligible: _____ Ineligible: _____

Comments: _____

Name: _____ BPSST: _____ Date: _____

Firearms released by appointment only. Fairview Police Department disposes of all property, including abandoned property, in accordance with the law.