



Holland Department of Public Safety

Request for the Return of Firearm(s)

*This form must be completed and submitted to the Holland Department Public Safety Police Services Division / Evidence and Property Section. This procedure must be completed prior to the release of a firearm. You will be contacted within 15 days of the date this form is received. **You must present a photo ID for the firearm to be returned.** If the firearm was seized from another person, you must provide written proof of ownership, or written owner permission, to receive the firearm.*

| | | |
|--------------------------|------------------------|--------------|
| Last Name: | First Name: | Middle Name: |
| Current Address: | | |
| Date of Birth: | Place of Birth: | |
| Driver's License Number: | Firearm Permit Number: | |
| Home Telephone Number: | Work Telephone Number: | |

| | | |
|--------------------------------|--|---|
| Case Number: | | |
| Description of Firearm: | | |
| Make: | Model: | Serial #: |
| Caliber: | <input type="checkbox"/> Handgun Barrel Length: Shot Capacity: # | <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun |

By submitting this form, you hereby certify that the above information provided to the Holland Department of Public Safety is true, accurate and complete. You understand that the Holland Department of Public Safety relies on this information to make a determination as to your legal rights to possess a firearm.

Signature _____ Date _____

This section to be completed by the Police Department Services Division

The owner, or other person entitled to possession is: CHECK ONLY ONE

Eligible

Ineligible to receive and possess a firearm under the laws of this state.

Command Approval Signature: _____

Comments: (reasons for ineligibility, State / ATF Firearm Trace, etc)

Releasing Officer's Name _____ Badge No.: _____ Date _____