City of Pickerington

WEAPONS DISCHARGE PERMIT

	DI
Name of person requesting: Date of request:	
DOB: / / Address: City: Phone: Email:	
Weapon Type:	
Pistol/Caliber Rifle/Caliber	Shotgun Archery
Dates requested: From:	To:
Location for request (specify address, lot, parcel number *Use another form if asking permission for an additional state of the state o	
Purpose of request (describe the reasons for and the objection)	ectives for the request):
N. Poi	
Type of vermin, pests, or animals to be disp	atched:
Additional restrictions imposed by the Chie	f of Police:
Must have a minimum of 5 acres. All state	and federal hunting laws and restrictions apply,
including written permission from landowne	er. Written permission must be carried on person.
	with the regulations set forth in 678.09d of the Pickerington Codified of Police. The person requesting exemption is solely responsible for
APPLICANT	CHIEF OF POLICE