

Grain Valley Police Department

Weapons Release Request

NAME _____

DOB _____

SSN _____

CONTACT INFORMATION

Home # _____

Address _____

Work # _____

Cell # _____

CASE TYPE _____

CASE # _____

WEAPON	CALIBER	SERIAL #

Do you have or can you provide one of the following:

_____ Registration

_____ Permit

_____ Proof of Ownership

_____ Affidavit showing ownership

Be Advised:

A criminal history check will be completed on you (the owner) before the release of your weapon. Your weapon will also be checked against several national databases. For this reason, please allow at least 4 weeks for your request to be processed. If you have not heard from the detective please call **816 - 847- 6250 Monday - Friday from 8:00 am to 4:00 pm** to check on your request.

WEAPONS WILL NOT BE RETURNED IF:

- YOU HAVE AN ACTIVE EX PARTE ORDER OF PROTECTION
- YOU ARE CURRENTLY ON PROBATION
- YOU HAVE BEEN CONVICTED OF A FELONY
- YOUR COURT CASE IS PENDING

NO AMMUNITION WILL BE RETURNED

Office Use Only:

Initial _____

Date _____

Copy of ID Attached _____

Copy of Ownership Attached _____