CITY OF PICKERINGTON

WEAPONS DISCHARGE PERMIT

Name of person requesting -
Date of request -
DOB- ______/_____/______
Address ________________________
City ____________________________
Phone ( ) ______________________

Weapon Type:
Pistol/Caliber ___________________ Shotgun ___________________
Rifle/Caliber ___________________ Archery ___________________

Dates requested: from ___________________ to ___________________

Location for Request (specific address, lot, plat, or area):
__________________________________________________________
__________________________________________________________

Purpose of Request (describe the reasons for and the objectives for the request):
__________________________________________________________
__________________________________________________________
__________________________________________________________

Type of Vermin, Pests, or Animals to be Dispatched:
__________________________________________________________

Additional restrictions imposed by the Chief of Police:
Must have a minimum of 5 acres. All state and federal hunting laws and restrictions apply,
including written permission from landowner. Written permission must be carried on person
__________________________________________________________

The applicant requesting exemption agrees to comply with the regulations set forth in 678.09d of the Pickerington Codified
Ordinances and any other restrictions listed by the Chief of Police. The person requesting exemption is solely responsible for
his/her actions and/or the consequences of those actions.

__________________________________________________________
APPLICANT

__________________________________________________________
CHIEF OF POLICE