

CONCEALED HANDGUN PERMIT CHANGE OF ADDRESS FORM

Permittee's Name:

_____ Last First Middle

Permit Number: _____

Today's Date: _____

Effective Date: _____

Address as Currently Displayed on Permit:

_____ Apt. # Street # Street Name

_____ County City State ZIP

New or Changed Information:

_____ Apt. # Street # Street Name

_____ County City State ZIP

Permittee Name Changed to:

_____ Last First Middle

Reason Name Changed*: Separation/Divorce Legal Name Change
 Other _____

* Attach any supporting documentation (i.e. court documents) to this form and retain in your files.

Sheriff's Office Use:

Form received by _____ **Date Received** _____

Once necessary verification has been done, a MODIFY (MCG) transaction should be done to show the changes indicated above.