

Woodhaven Police Department

Pistol Purchase Permit Request

PLEASE COMPLETE FORM IN ITS ENTIRETY TO EXPEDITE THE PROCESS

Date of Request: _____

Name: _____ Maiden name or other names used: _____

Address: _____

Date of birth: _____ Place of Birth: _____

Daytime Phone Number: _____ Cell/Secondary phone Number: _____

Hair Color: _____ Eye Color: _____ Height: _____

Driver's License Number: _____

Yes | No Are you A United States Citizen?

Yes | No Have you renounced your citizenship?

Yes | No Do you have a medical marijuana card? If yes answer next question.
If yes to medical marijuana card, are you the patient, caregiver, or both?

Yes | No Have you ever been arrested? If yes answer next question.
If previously arrested, what is the approximate date and location of arrest?

Yes | No Other (please provide details):

Please provide driver's license (FRONT AND BACK) with permit request