



CITY OF ROSEBURG POLICE DEPARTMENT

\$10.00 Fee

(Fee waved for Military and Funeral Services)

DISCHARGE OF FIREARMS PERMIT APPLICATION

ACTIVITY INFORMATION

- Location: Parking Lot (identify specific location) _____
 Public Property Location _____
 Roseburg Airport Location _____
 Personal Property Location _____

Provide DETAILED information below regarding your event and attach additional pages if necessary

Activity:

How is this activity in the public interest?

This permit is subject to a background check per Roseburg Municipal Code, Title 7, Chapter 7.02.080 (C). Please answer the following:

Have you had a violation of federal, state or local firearm regulations or violent offenses Yes No
If yes, please explain _____

Do you agree to not discharge the firearm in a location or manner that would endanger any person or property and reasonably assure the safety of all persons and property from such endangerment Yes No

Do you agree to abide by any conditions imposed by the Police Chief in approving this permit Yes No

Do you accept liability for claims arising from any action resulting from the permit approval Yes No

Name: _____ Phone Number: _____

Address: _____ City/Zip: _____

Email: _____ Date of Birth: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Payment Received: Yes No Approved: Yes No Conditions of Approval: _____

_____ Date: _____ By: _____

Police Chief or Designee