



Office of the Sheriff

Commitment to Excellence



Dan Starry
County Sheriff
Douglas H. Anschutz
Chief Deputy

REQUEST FOR REPLACEMENT PERMIT TO CARRY

Reference Number: _____

To the Washington County Sheriff's Office:

I, _____, hereby request a replacement Permit to Carry. In support of this request, I state under the oath the following information and make the following representations surrounding the loss or destruction of my current permit:

I further certify under oath that this replacement Permit to Carry is not sought for any fraudulent purposes and that the information I have given is true to the best of my knowledge and belief.

Signature:	Date:
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Subscribed and sworn to before me on this _____ day of _____, 20__.

Notary Public Name and Stamp/Seal: