CHANGE OF ADDRESS FORM CONCEALED HANDGUN PERMIT

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

❑ _____

_____

**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, enter the changes indicated above into DCIN.
Perform a MODIFY Transaction —MCG.