

This permit is not valid until all
 required signatures are obtained
 AND permit is returned to Town Hall



WEAPONS DICHARGE PERMIT

PERMIT # _____

Expires one year from date of issuance

APPLICANT INFORMATION			
First Name:	Middle Initial:	Last Name:	
Phone:	Email:		
Current Address:			
City:	State:	Zip Code:	
Height:	Weight:	Eye Color:	Hair Color:
Date of Birth:		Driver's License Number:	
<i>By Signing Below; I agree to comply with all applicable statutes, ordinances, and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on Town of Grafton, and, certify that all the above information is accurate. I have received the informational handouts and understand the Town has areas where the discharge of weapons is permitted. I realize that if I do not comply with these conditions, penalties will be assessed.</i>			
Signature of Applicant:			Date:
WEAPONS DISCHARGE AREA/LANDOWNER INFORMATION			
	Land Owner Signature	Address:	
1			
2			
3			
4			
5			
OFFICIAL USE ONLY			
Permit Fee: \$5.00	Paid by: Cash Check# _____ Credit Card	Received by:	Date:
Expiration Date:			

Please return this form once signatures are obtained along with payment of fee to:

Town of Grafton
 1102 Bridge Street
 P.O. Box 143
 Grafton, WI 53024