

## MECKLENBURG COUNTY SHERIFF'S OFFICE

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GARRY L. MCFADDEN SHERIFF

CELESTE D. YOUNGBLOOD CHIEF OF DETENTION

CHRISTOPHER O. ALLEN CHIEF DEPUTY SHERIFF

SHELBY JONES
CHIEF OF STAFF

## CONCEALED HANDGUN PERMIT CHANGE OF ADDRESS FORM

TODAY'S DATE:					
PERMITTEE'S NAME:					
(AS DISPLAYED ON PERMIT)	LAST		FIRST	MIDDLE	
PERMIT NUMBER:		DAT	E OF BIRTH:		
DRIVER'S LICENSE #		EFFECTIVE DATE:	Month	.,	
ADDRESS (AS CURRENTLY DIS	PLAYED ON PERM	<u>1IT):</u>			
STREET NUMBER			APARTMENT NUMBER		
CITY	STATE	ZIP CODE	COUN	COUNTY	
NEW/CHANGED INFORMATIC	ON:				
STREET NUMBER			APARTMENT NUMBER		
CITY	STATE	ZIP CODE			
TELEPHONE NUMBER			COUNTY		
ONCE COMPLETED PLEASE CH MUST INCLUDE YOUR UPDAT 1) FAX TO 704-336-6974 3) EMAIL TO MCSOGPRI	TED DRIVER'S LICI	ENSE OR ID CARD REF	LECTING YOUR NE	W ADDRESS.	
	SHERI	FF'S OFFICE USE:			
FORM RECEIVED BY:		D	DATE RECEIVED:		
MODIFIED IN DCI BY:	D	DATE COMPLETED:			