



**Oakland Police Department
295 Ramapo Valley Rd, Oakland NJ 07436**

Chief Edward Kasper

Phone: 201-337-6171 Fax: 201-337-5802

To:

Date: _____
Re: _____
SBI#: _____
DOB: _____
SS#: _____

To Whom It May Concern:

The above individual has moved to the Borough of Oakland, and has applied for a Duplicate Firearms Identification Card. We are requesting complete copies of the firearm file that is maintained for this individual, including fingerprint cards.

Former address of applicant was:

At this time we are requesting a search of your records to determine if any information pertaining to this individual would adversely effect the decision to re-issue the card. Please include any incidents of domestic violence that might have occurred.

Thank you for your time and cooperation with this matter.

Sincerely,

Phyllis Rios
Sr. Records Clerk

Waiver Authorization:

I, _____ hereby authorize the release of any information to the Oakland Police Department, for the purpose of processing a firearm application.

Signature: _____