

PUTNAM COUNTY CLERK'S OFFICE

County Office Building 40 Gleneida Avenue Carmel, New York 10512 *Tel.* (845) 808-1142 *Fax.* (845) 228-0231

JAMES J. McCONNELL First Deputy County Clerk

NYS Firearms License Request for Public Records Exemption

Pursuant to section 400.00 (5) (b) of the NYS Penal Law

I am: [] an applicant for a firearms license	[] an applicant for a firearms license [] currently licensed to possess a firearm in NYS Date of Birth:					
Name:						
Address:	City	:		_ State:		Zip
Firearms License # (if applicable)						
Licensing Authority/County of Issuance of App	lication	:				
I hereby request that any information concelicense not be a public record. The grounds disclosed are as follows: (check all that are applications)	for whic	h I believ				
[] 1. My life or safety may be endangered	by disc l	losure be	cause:			
[] A. I am an active or retired police officer, pe	ace office	r, probatio	ո officer, լ	parole officer, o	or corre	ctions officer;
[] B. I am a protected person under a currentl	y valid or	der of prote	ection;			
[] C. I am or was a witness in a criminal proce	eding inv	olving a crir	ninal cha	rge;		
[] D. I am participating or previously participating grand jury.	ated as a j	uror in a cri	iminal pro	oceeding, or an	n or was	s a member of a
[] 2. My life or safety of that of my spouse, do by disclosure for some other reason exp	-	•			-	_
[] 3. I am a spouse, domestic partner or house	sehold m	nember of	a perso	n identified	in A, B,	, C or D of
question 1. (Please check any that apply	') A	B	_ C	_ D		
[] 4. I have reason to believe that I may be su	ıbject to	unwarrai	nted har	assment upo	on disc	losure.
5. (Please provide any additional supportiv	e inform	ation as n	ecessary	v)		
I understand that false statements made herein are that upon discovery that I knowingly provided any that this request for an exemption shall become nu	false info	ormation, l				
		1	Data			