



The Carlisle Police Department
41 Lowell Street
Carlisle, MA 01741

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John R. Sullivan
Chief of Police

FIREARMS DONATION FORM

I, _____, Donate the following Firearms(s) to the Carlisle Police Department. I understand the Carlisle Police Department will dispose of the firearm(s) in whatever manner they deem fit.

| Firearm Manufacturer Name | Model | Cal. | Serial Number |
|----------------------------------|--------------|-------------|----------------------|
| 1. | | | |
| 2. | | | |
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| 13. | | | |
| 14. | | | |

Signature

Date: