TEWKSBURY TOWNSHIP POLICE DEPARTMENT
167 OLD TURNPIKE ROAD • CALIFON, N.J. 07830
908-439-3477 OR 908-439-2503
FAX: 908-439-3422

Thomas Holmes, Chief of Police

Date: _____

To: _____ Applicant: _____

_____ DOB: _____

_____ SBI#: _____

The above-named individual has moved to our township and has applied to our department for a re-issue of a N.J. Firearms Identification Card showing a new address in the Township of Tewksbury.

FORMER ADDRESS: _____

We would appreciate a search of your records to determine if you have any information that might adversely affect our decision to re-issue this card.

Thank you in advance for your assistance with this matter. Please forward a copy of any pertinent information as well as a copy of the original firearms application and any other firearms information you may have in your files.

Sincerely,

Tom Holmes
Chief of Police

WAIVER AUTHORIZATION

I, _____ hereby authorize the release of any information contained in the above-stated police file to the Tewksbury Township Police Department for the purpose of processing this application.

_____ _____
Signature of Applicant Date