Appeal Letter

Date:

Board of Firearms Permit Examiners

20 Trinity Street, 5th floor

Hartford, CT 06106

Dear Board Members,

I would like to appeal the **revocation / denial** of my pistol permit.  **(Please circle one)**

My permit was **revoked / denied** on \_\_\_\_\_\_\_\_\_\_\_(date on top of letter received)

*Signature:*

Print your name:

Address: (street, town, state, zip)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Phone numbers:

Home (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_

Work  (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_

Cell    (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_

Email address:

***If you have a copy of the letter of denial or revocation sent to you by the police, please send a copy along with this letter.***