



Office of the County Clerk

MONROE COUNTY, NEW YORK

APPLICATION FOR REMOVAL OF RESTRICTIONS

This form is required for the Monroe County Clerk to remove restrictions on a pistol permit administratively.

Requested type of permit: carry concealed possess on premises possess during employment

Current Restriction: _____

Carry # _____ Original Date of Issue: _____ NYSID: _____

Name: _____

Street Address: (CANNOT BE A PO BOX) _____

City/Town: _____ Zip Code: _____ Date of Birth: _____

Mailing Address: (IF DIFFERENT) _____

Contact Phone: _____ E-Mail: _____

Applicant Signature

Date

OFFICE USE ONLY

Existing restriction is removed and licensee is granted a: carry concealed possess on premises
 possess during employment other: _____

JUDGE'S SIGNATURE: _____ DATE: _____

File Number: _____ Verified: _____ Contacted: Staff Initials for who contacted: _____