



# ORANGE COUNTY SHERIFF'S DEPARTMENT

## Reporting Law Enforcement Contact Form

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

CCW License Number or Driver's License Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agency you had contact with: \_\_\_\_\_

Citation/Report number if available: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

A brief incident description (include if you were armed at the time and if the firearm was taken into safekeeping):  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email completed form to [CCWpermits@ocsheriff.gov](mailto:CCWpermits@ocsheriff.gov)**