



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