



DALLAS TOWNSHIP POLICE DEPARTMENT

PO BOX518 RT309, DALLAS PA 18612 ♦ (570) 674-2000 FAX (570) 675-7877

Return of Firearms Form Disclaimer of Section 6105(f)(4) Liability Application

Section A: Firearm Owner Information			
Firearms Owner's Full Name (Last, First, MI)			
Date of Birth	Place of Birth	Sex	Phone number (Home, Work, Cell)
Firearm Owner's Address		City	State Zip
Section B: Firearm Information			
Manufacture and/or Importer:			
Model:			
Serial Number:			
Type (pistol, revolver, rifle, shotgun, etc.):			
Caliber or Gage:			
For each additional firearm attach a separate form with firearms owner's signature			
Section C: Disclaimer of Liability			
<p>I hereby certify that I have had a full and fair opportunity to inspect the firearm listed in Section B and that said firearm have not been damaged as a result of the Dallas Township Police Department's handling, storage and or/or /or care of said firearm.</p> <p>I hereby waive any and all claims that I might have a right to assert against the Dallas Township Police Department under Section 6105(f)(4) of the Pennsylvania Uniform Firearms Act (18 PA. CONS. STAT. ANN. Section 6105(f)(4)) claiming loss, damage, or decrease in value of the firearm listed in Section B.</p>			
Section D: Certification			
<p>By signing below I herby certify that I am the lawful owner of the firearm listed in Section B. I herby certify that the foregoing statement and the information contained in this form are correct. This certification is made subject to the penalties set forth in 18 PA. CON. STAT. ANN. Section 4904 relating to unsworn falsification to authorities.</p>			
<i>Firearm Owner's Signature</i>		<i>Firearm Owner's Phone#</i>	<i>Date:</i>
FOR DTPD USE ONLY			
Date Received:	Date Processed:	Processed By:	

