



LOST, STOLEN, DESTROYED OR TRANSFERRED FIREARMS REPORT

Pursuant to Article VII of Chapter 58 of the Cook County Code of Ordinances

LOST, STOLEN, DESTROYED, OR OTHERWISE MISSING FIREARMS

Any resident of Cook County must notify the Cook County Sheriff's Office, by completion of this form, within 48 hours, when his or her firearm has been lost, stolen, destroyed or is otherwise missing, regardless of where the firearm was lost, stolen, destroyed or is otherwise missing (Cook County Ord., Sec. 58-189(a)). Any non-resident of Cook County must notify the Cook County Sheriff's Office, by completion of this form, within 48 hours, when his/her firearm has been lost, stolen, destroyed, or is otherwise missing within Cook County (Cook County Ord., Sec. 58-189(b)).

Owner Name: _____ Owner's FOID Card #: _____

Owner Address: _____

Firearm Type: Rifle Handgun Owner's Acquisition: Purchased Inherited Transferred Other: _____

Date of Acquisition: _____ Place of Acquisition: _____

Make and Model: _____ Serial Number: _____

Date Lost/Stolen/Destroyed: _____ Lost Stolen Destroyed Other: _____

Location Lost/Stolen/Destroyed: _____

Police Case Report #: _____ Investigating Agency: _____

I certify that the above is true and correct. I am in compliance with Article VII of Chapter 58 of the Cook County Code of Ordinances.

Owner Signature: _____

TRANSFERRED FIREARMS

Any resident of Cook County must notify the Cook County Sheriff's Office, by completion of this form, within 48 hours, when his or her firearm is sold, transferred, inherited or otherwise disposed of, regardless of where the firearm was sold, transferred, inherited or otherwise disposed (Cook County Ord. Sec. 58-190(a)). Any non-resident of Cook County must notify the Cook County Sheriff's Office, by completion of this form, within 48 hours, when his or her firearm is sold, transferred, inherited or otherwise disposed of within Cook County (Cook County Ord. Sec. 58-190(b)).

Transferor Name: _____ Transferor FOID Card #: _____

Transferor Address: _____

Firearm Type: Rifle Handgun Transferor Acquisition: Purchased Inherited Gift Other: _____

Date of Acquisition: _____ Place of Acquisition: _____

Make and Model: _____ Serial Number: _____

Date of Transfer: _____ Sale Gift Inheritance Other: _____

Recipient Name: _____ Recipient FOID Card #: _____

Recipient Address: _____

I certify that the above is true and correct. I am in compliance with Article VII of Chapter 58 of the Cook County Code of Ordinances.

Transferor Signature: _____ Recipient Signature: _____

Return Completed Form To:

Attn: Director of SOIC
Cook County Sheriff's Police
1401 S. Maybrook Drive, Maywood, IL 60153

OFFICE USE ONLY

Date Received: _____ Location: _____

Received by: _____ Unit: _____