

**Town of Hurt, Virginia
Request/Permit to Discharge Firearms**

Date of Request _____

Person Requesting Permit (print) _____

Address/Phone # of Requester _____

Address/Location Where Shooting is to Occur _____

Purpose of Request (e.g. pest control) _____

This request must be reviewed by a member of the Hurt Police Department and approved by the Mayor. By his/her signature below, the requester agrees to the following terms:

- **I will comply with all applicable laws and regulations governing the use of firearms in the Commonwealth of Virginia and the Town of Hurt.**
- **I will not discharge any firearm within 300 feet of any dwelling or roadway.**
- **This permit is limited solely to the above referenced permittee and property.**
- **This permit expires one year from the date of its approval, and the permittee must submit a new request for any additional time beyond that.**

Signature of Requester _____

Office Use Only

Actions Taken

Reviewed By

Date

Police Department _____

Mayor

☐ **Approved** ☐ **Declined**

Signature _____

