

**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 \_\_\_\_\_

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**Office Use Only**

**Actions Taken**

**Reviewed By**

**Date**

**Police Department** \_\_\_\_\_

**Mayor** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Declined** \_\_\_\_\_

**Signature** \_\_\_\_\_

