



WINNIPEG POLICE SERVICE DISCHARGE WEAPON REQUEST

FIREARMS BY-LAW 2890/81 - *A By-Law of the City of Winnipeg Relating to the Firing or Discharging of Guns or other Firearms.*

APPLICANT

NAME: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

DATE AND TIME OF EVENT: _____

LOCATION OF EVENT: *(if the event is in a City Park, applicant is to include a copy of the "Agreement to Use Facility")*

NUMBER OF PEOPLE EXPECTED TO ATTEND EVENT: _____

BRIEF DESCRIPTION OF EVENT:

FIREARM REGISTRATION # _____

TYPE OF FIREARM _____

The personal information on this form will be collected and shared for the purposes outlined in Section 36-47 of the Freedom of Information and Protection of Privacy (FIPP) Act, and for other legal requirements, where they are consistent with the FIPP Act.