



San Mateo County Behavioral Health and Recovery Services

**VOLUNTARY RELINQUISHMENT OF FIREARM
OR OTHER DEADLY WEAPON**

I, _____, am voluntarily handing over my
_____ to _____.
Description of Weapon/s Name

because I do not feel comfortable owning or having a weapon in my possession at this time. I understand that if I request that my weapon/s be given to the police without using my name, I will not be able to have the weapon/s returned to me.

I want my weapon/s surrendered without using my name:

Yes

No

I understand that my _____ will be handed over to the
Type of Weapon/s

_____ and may be destroyed at their discretion.
Name of Police Authority

If I want to obtain further information regarding my weapon/s I can call

Telephone Number

I received a copy of this notice on _____, at the time
the weapon/s was/were relinquished.

Signature

Signature of Behavioral Health/Agency Staff

Copy to: Individual
Police Authority

File