



Discharge of Firearms Application

Owner mailing address: _____

I, _____ own _____ contiguous acres of land
(name) (# of acres)

within the Village of Harrison, located at:

(address or description of property)

I acknowledge as the land owner, I

- am the only one who can give non-family members permission to fire or discharge firearms on the land.
- must request a waiver annually.
- that the waiver can be revoked for a violation of WI State Statute Chapter 167 or Chapter 941 relative to the use of firearms.

Authorized Signature (Land Owner)

Date

BOARD ACTION: _____ *Approve* _____ *Deny* _____ *Date of Meeting*

Land Owner _____ Calumet County Sheriff's Department _____ Municipal Copy _____

Staff Use Only:

Verification of Acres Listed Above: _____

