



CHANGE OF ADDRESS AND/OR EMPLOYER

There is a total **\$5.00 FEE** for one or both of these Amendments – cash, check or money order Payable to the **“Orleans County Clerk”**.

Full Name: _____

Orleans County Pistol Permit# _____

NYS Driver's License # _____

Phone Numbers: Cell: () _____

Home: () _____

FOR CHANGE OF ADDRESS:

Old Address: _____
(Street # and Name, City, State and Zip Code)

New Address: _____
(Street # and Name, City, State and Zip Code)

Effective Date: _____, 20____

FOR CHANGE IN EMPLOYMENT:

Occupation: _____

Nature of Business: _____

Employer: _____

Employer's Address: _____
(Street # and Name, City, State and Zip Code)

Effective Date: _____, 20____

DATED: _____, 20____

(Signature)