Macon County Sheriff's Office
Gun Permit Address List

Full Name: _____ Date of Birth: ___/ ___/ ___
Last First Middle

Driver's License #: _____ State: ___

NC Permit #
Agency Use Only

List the Address' that you have lived at over the past 5 years.

Address: _____
City: _____ State: _____ Zip Code: _____
Dates: _____ _____ _____
From To County

Address: _____
City: _____ State: _____ Zip Code: _____
Dates: _____ _____ _____
From To County

Address: _____
City: _____ State: _____ Zip Code: _____
Dates: _____ _____ _____
From To County

Address: _____
City: _____ State: _____ Zip Code: _____
Dates: _____ _____ _____
From To County

Address: _____
City: _____ State: _____ Zip Code: _____
Dates: _____ _____ _____
From To County