



**TOWN OF HOPKINTON
POLICE DEPARTMENT**

1696 Hopkinton Road
PO Box 499
Hopkinton, New Hampshire 03229-0499
Telephone (603) 746-5151 Fax (603) 746-4166

Stephen S. Pecora
Chief of Police

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TO APPLICANT: SEND THIS LETTER TO EACH OF THE REFERENCES LISTED ON YOUR APPLICATION. ONCE COMPLETED AND RETURNED TO YOU, SEND/DELIVER YOUR COMPLETED APPLICATION WITH THE 3 REFERENCE LETTERS TO THE HOPKINTON POLICE DEPARTMENT.

PISTOL/REVOLVER LICENSE REFERENCE LETTER

Date: _____

Reference's Name: _____

Reference's Address: _____

HANDGUN PERMIT FOR (Name): _____

The above-named person is using your name as a reference on an application to carry a concealed handgun. Please provide the following information to assist us in determining the propriety of issuing the permit.

To your knowledge, has the applicant ever had a handgun permit denied in this or any other State?

_____ Yes _____ No

To your knowledge, has the applicant ever been convicted of a felony in this or any other state that has not been annulled?

_____ Yes _____ No

To your knowledge, has the applicant ever been a user of drugs or narcotics except under the direction of a physician?

_____ Yes _____ No

To your knowledge, has the applicant ever been treated for mental illness, an emotional disorder, or confined to an institution?

_____ Yes _____ No

If the answer to any of the above questions is yes or if you know of any reason that the applicant should be denied a permit to carry a handgun, or if you would care to make any comment whatsoever, please explain on the reverse side of this letter.

Reference Signature _____ Date: _____

Applicant to return this form along with the completed Pistol Permit application. Thank you.