



CONSIGNMENT FIREARM RETRIEVAL FORM

Date:	
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Customer Information

Full Name:	
Address:	
City, State, ZIP:	
Phone:	
Email:	
Driver's License / ID:	

Firearm Information

Manufacturer:		Model:	
Serial Number:		Caliber/Gauge:	
Type (Pistol, Rifle, etc.):			

Additional Details / Notes:

Declarations and Signatures

I certify that I am the legal owner or authorized representative of the firearm(s) described above and that I am not prohibited by federal, state, or local law from possessing firearms. I understand that Howell's Indoor Range & Gunshop is releasing the firearm(s) to me based on this representation.

Customer Signature: _____	Staff Signature: _____
Date: _____	Date: _____

Note: This form must be completed/dated 72 hours prior to pick up to avoid having to wait the 72 hours. Firearms will only be released to the registered owner or authorized party. All federal, state, and local laws apply.