



## PFA WEAPON RELINQUISHMENT ORI CORRECTION FORM



Agency Name and ORI: \_\_\_\_\_

Submitted by: (Print Title and Name) \_\_\_\_\_

Date: \_\_\_\_\_

PFA DATE	DEFENDANT NAME	PFAD NUMBER	CORRECT Agency and/or Correct ORI	REASON
NAME of person contacted at CORRECT AGENCY				
PFA DATE	DEFENDANT NAME	PFAD NUMBER	CORRECT Agency and/or Correct ORI	REASON
NAME of person contacted at CORRECT AGENCY				
PFA DATE	DEFENDANT NAME	PFAD NUMBER	CORRECT Agency and/or Correct ORI	REASON
NAME of person contacted at CORRECT AGENCY				
PFA DATE	DEFENDANT NAME	PFAD NUMBER	CORRECT Agency and/or Correct ORI	REASON
NAME of person contacted at CORRECT AGENCY				
PFA DATE	DEFENDANT NAME	PFAD NUMBER	CORRECT Agency and/or Correct ORI	REASON
NAME of person contacted at CORRECT AGENCY				

By submitting this form the agency currently receiving the out of compliance notifications from PFAD HAS NOTIFIED the correct police department who has primary jurisdiction over where the defendant lives or if unknown the plaintiff's PD as indicated in the Correct ORI field of the above table.

Submitter's Signature: \_\_\_\_\_ Submitter's Phone#: \_\_\_\_\_

Submitter's Email: \_\_\_\_\_

Please submit this form to RA-CLEAN@PA.GOV