SAMPLE LETTER 4

[Practice Address 1]

[Practice Address 2]

[Practice Address 3]

[Police Firearms Licensing Officer]

Date

Dear Sir,

FIREARMS LICENSING

Re: [PATIENT NAME – DOB]

Thank you for your request for medical information relating to the above named individual for the purposes of assessing them for suitability in issuing them with a firearms certificate.

I am content to provide a summary limited to medical facts and compiled from the records for a fee which I shall charge to the applicant. You will receive the report upon my receipt of this fee from the applicant. Until such time as you receive my report you should assume that the applicant has declined to provide this fee.

Yours faithfully,