



TOWN OF MATTAPOISETT

64 COUNTY ROAD
MATTAPOISETT, MASSACHUSETTS 02739
PHONE: (508) 758-4141 • FAX: (508) 758-4146

POLICE DEPARTMENT

MARY R. LYONS, CHIEF OF POLICE



LTC

Restriction Change Request Form

(This form is **ONLY** for currently **ACTIVE** LTC)

Date: _____

Name: _____

Date of Birth: _____

Current LTC #: _____

Current Restriction: _____

What type of restriction are you applying for? _____

(For "All Lawful Purposes", restriction is "**NONE**")

Provide a letter addressed to the Chief of Police explaining why you want to change your current LTC restriction. Please attach to this form; **a copy of your drivers license, a copy of your current LTC and an application filled out.**

There is **No Fee** for this request.

Signature: _____

For Chief of Police Review

(Department use only)

Date: _____

Approved: _____ Denied: _____

Reason for denial:

Chief of Police Signature: _____

Date: _____