

# MATTAPOISETT POLICE DEPARTMENT



Office Of  
**Jason A. King**  
Chief of Police



64 County Road, P.O.Box 436  
Mattapoisett, MA 02739  
Telephone: (508) 758-4141 • Fax: (508) 758-4146

## 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: \_\_\_\_\_