

Office of the Sheriff

County of Saratoga

6012 County Farm Rd Ballston Spa, NY 12020

records@saratogacountyny.gov 518-885-2465

NAME: _____

LICENSE NO. _____ DATE ISSUED: _____

Weapons on my permit, continued:

Make	Model	Serial #	Caliber	R/A
6				
7				
8				
9				
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