



# 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

**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 as indicated in the Correct ORI field of the above table.**

**Signature:** \_\_\_\_\_

Please submit this form to ra-clean@pa.gov