



## REPORT BY INDIVIDUAL TO REGISTRAR OF FIREARMS

**If immediate Police attendance is required, contact the Police Call Centre on 131 444.**

**PLEASE EMAIL COMPLETED FORM TO THE SOUTH AUSTRALIA POLICE FIREARMS BRANCH**

Email: [SAPOL.FirearmsMedicalNotifications@police.sa.gov.au](mailto:SAPOL.FirearmsMedicalNotifications@police.sa.gov.au) title subject 'REPORT TO REGISTRAR'

Firearm's Licence No.: (if known)

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

## SUBJECT'S DETAILS

[illegible]**LOCATION FIREARM STORED**

|              |  |          |  |  |  |
|--------------|--|----------|--|--|--|
| Home Address |  | Postcode |  |  |  |
|              |  |          |  |  |  |

Please provide details of suspected threat to safety and circumstances giving rise to threat (including nature of any physical or mental illness, condition or disorder)

OR

Nature of the firearm or ammunition insecurity



A person incurs no civil or criminal liability in making a report in good faith in compliance, or purported compliance, with regulations 92 and 93 of the *Firearms Regulations 2017*.

*The information contained in this email / facsimile is confidential and may also be the subject of legal professional privilege or public interest immunity. If you are not the intended recipient, any use, disclosure or copying of this document and or its attachments is unauthorised. Please telephone (08) 7322 3346 as soon as possible and then return it by mail to South Australia Police, GPO Box 1539, ADELAIDE SA 5001.*

## REPORTING PERSON

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Telephone / Mobile: \_\_\_\_\_ Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Note:** If you are not currently connected to email, please print this form and **immediately** fax it to Firearms Branch on (08) 7322 4182.