



Office of the  
**DAKOTA COUNTY SHERIFF**

**Phone: (651) 438-4700**

**Emergency Dial 911**

**Fax: (651) 438-4709**

**TIM LESLIE, SHERIFF**  
**JOE LECO, CHIEF DEPUTY SHERIFF**

1580 Highway 55  
Post Office Box 247  
Hastings, Minnesota 55033

**Commanders**  
**Daniel Scheuermann**  
Operations  
**Pat Enderlein**  
Detention Services

**REQUEST FOR REPLACEMENT PERMIT TO CARRY**

File Number: \_\_\_\_\_

To the Dakota County Sheriff's Office:

I, \_\_\_\_\_, hereby request a replacement Permit to Carry. In support of this request, I state under oath the following information and make the following representations surrounding the loss or destruction of my current permit:


I further certify under oath that this replacement Permit to Carry is not sought for any fraudulent purposes and that the information I have given is true to the best of my knowledge and belief.

Signature: _____	Date: _____
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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

<b>Notary Public</b>	State of Minnesota, County of Dakota
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<b>Notarial Stamp or Seal</b>
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