

Office Use Only: \_\_\_\_\_

# OFFICE OF THE FULTON COUNTY DISTRICT ATTORNEY Electronic Registration Form



Please return form via mail, fax or email:  
  
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NAME: \_\_\_\_\_ ZONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ELECTRONIC # 1: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

ELECTRONIC #2: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

ELECTRONIC #3: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

ELECTRONIC #4: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_