



Parker Gun Research Letter Request

Your Name: _____ Your Phone Number: _____
Address: _____ Your E-Mail: _____
City: _____ State: _____ Zip Code: _____

Information about your Parker

Serial Number: _____ Grade: _____ Gauge: _____
Action Type: Lifter Top Action Back Action Hammerless
Grip Type: Capped Pistol Grip Straight Round Ball
Forend Type: Splinter Beavertail
Butt Type: DHBP Skeleton Checkered Recoil Pad
Barrel Steel (steel type and/or are stamped): _____
Barrel Length: _____ inches

Comments: _____

Once you have completed this form - SAVE IT to your computer. Once it is saved, please email it to letters@parkerguns.org as an attachment. In that e-mail, please let us know the PayPal e-mail address you will use to pay for your Letter, ESPECIALLY if it is different then the e-mail address you use to send in this form! - Thank you!