1st Letter of Last Name

Bin # _____

UNIVERSITY POLICE DEPARTMENT

Weapons Storage Card - One Required for Each Weapon

Name (Print): _____ Gov Issued Photo ID State: _____ ID Number: _____

Weapon Type (rifle, shotgun etc): _____ Caliber: _____ Serial Number: _____

Manufacturer and Model: _____ Other related items: _____

Local Address and Phone Number: _____

Weapon Placed in Storage - initial check in signatures for each weapon

Owner Signature _____ Arms Room Officer Signature _____ Date (Format is 01 Jan 1999) _____

Weapon Removed from Storage:

Owner Signature _____ Arms Room Officer Signature _____ Date (Format is 01 Jan 1999) _____

Weapon(s) Checked IN			Weapon(s) Checked OUT		
Date dd/Month/YYYY	Owner Signature	Arms Room Officer	Date dd/Month/YYYY	Owner Signature	Arms Room Officer