1 st Letter of
Last Name

UNIVERSITY POLICE DEPARTMENT Weapons Storage Card One Required for Each Weapon

Bin #

Name (Print <u>):</u>	Gov Issued Pho	oto ID State:	ID Number:						
Weapon Typ∉rifle, shotgun etc	Cal <u>iber:</u>	Serial Number	·						
Manufacturer and Mode <u>l</u>		_ Other related items:							
ocal Address and Phone Number:									
Weapon Placed in Storageinitial check in signatures for each weapon									
Owner Signature A	Arms RoomOfficer Signature	Date (Format	is 01 Jan 1999)						
Weapon Removed from Storage:									
Owner Signature A	Arms RoomOfficer Signature	 Date (Format	is 01 Jan 1999)						

Weapo	on(s) CheckedN		Weapon(s) CheckedOUT			
Date dd/Month/YYYY	Owner Signature	Arms Room Officer	Date dd/Month/YYYY	Owner Signature	Arms Room Officer	