1st Letter of Last Name

Bin # _____

UNIVERSITY POLICE DEPARTMENT

Weapons Storage Card- One Required for Each Weapon

Name:_____ SSN/OLN:_____

Weapon Type:_____ Caliber:_____

Manufacturer and Model: _____

Serial Number:_____ Other related items:_____

Local Address and Phone Number:_____

Weapon Placed in Storage:

_____ _____ _____

Owner Signature Arms Room Signature Date

Weapon Removed from Storage:

_____ _____ _____

Owner Signature Arms Room Signature Date

Weapon(s) Checked Out			Weapon(s) Checked In		
Date	**Owner**	**Arms Room**	**Date**	**Owner**	**Arms Room**