Bin#	
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1st Letter of Last Name

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 signat	ures 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