1 <sup>st</sup> Letter of Last Name	UNIVERSITY POLICE DEPART Weapons Storage CardOne Required for		Bin #	
Name (Print <u>):</u>	Gov Issued Pr	noto ID State:	ID Number:	
Weapon Typ∉rifle, shotgun et)c	Cal <u>iber</u>	r: Serial N	umber:	
Manufacturer and Mode <u>l</u>		Other related ite	ms:	
Local Address and Phone Number:_				
Weapon Placed in Storageinitial check in sig	gnatures for each weapon			
Owner Signature	Arms RoomOfficer Signature	Date (	Format is 01 Jan 1999)	
Weapon Removed from Storage:				
Owner Signature	Arms RoomOfficer Signature	Date (	Format is 01 Jan 1999)	

Weapon(s) CheckedN		Weapon(s) CheckedDUT			
Date dd/Month/YYYY	Owner Signature	Arms Room Officer	Date dd/Month/YYYY	Owner Signature	Arms Room Officer