

One section shall be completed for each weapon / item stored.

(Use additional sheets when necessary)

Owners Name: _____ Owners Contact Number: _____
(Printed Name) *(Cell Phone)*

Weapon Make: _____

Weapon Model: _____

Caliber: _____ Type: _____

Serial Number: _____

Damage or Unique Features: _____

Owners Signature: _____ Date: _____

Home Address: _____

Phone Number: _____ Assigned Number: _____
(Number Assigned by UMPD)

Officer: _____ Date: _____

Weapon Make: _____

Weapon Model: _____

Caliber: _____ Type: _____

Serial Number: _____

Damage or Unique Features: _____

Owners Signature: _____ Date: _____

Home Address: _____

Phone Number: _____ Assigned Number: _____
(Number Assigned by UMPD)

Officer: _____ Date: _____

Weapon Make: _____

Weapon Model: _____

Caliber: _____ Type: _____

Serial Number: _____

Damage or Unique Features: _____

Owners Signature: _____ Date: _____

Home Address: _____

Phone Number: _____ Assigned Number: _____
(Number Assigned by UMPD)

Officer: _____ Date: _____

Weapon Make: _____

Weapon Model: _____

Caliber: _____ Type: _____

Serial Number: _____

Damage or Unique Features: _____

Owners Signature: _____ Date: _____

Home Address: _____

Phone Number: _____ Assigned Number: _____
(Number Assigned by UMPD)

Officer: _____ Date: _____

Copy of owners Driver's License attached for reference.