

WEAPON INFORMATION FORM

Name _____

Make: _____

Cal./Type _____

Serial Number _____

Damage/Unique feature(s): _____

Owner Signature _____

Home Address: _____

Phone Number: _____

Officer: _____

Date: _____

Change in Condition

Date _____ Officer _____

Comments: _____

Date _____ Officer _____

Comments: _____
