1st Letter of
Last Name

_____ **Bin #**

DAWSON COMMUNITY COLLEGE

Weapons Storage Card- One Required for Each Weapon

Name (Print):_____ Gov Issued Photo ID State:_____ID Number:_____

Weapon Type (rifle, shotgun etc):_____ Gauge: _____ Serial Number:_____

Manufacturer and Model: _____ Other related items:_____

Local Address and Phone Number:_____

Weapon Placed in Storage- initial check in signatures for each weapon:

_____ _____ _____

Owner Signature Housing Director's Signature Date (Format is 01 Jan 1999)

Weapon Removed from Storage:

_____ _____ _____

Owner Signature Housing Director's Signature Date (Format is 01 Jan 1999)

Weapon(s) Checked IN			**Weapon(s) Checked OUT**		
Date DD/Month/YYYY	**Owner Signature**	**Housing Director**	**Date** DD/Month/YYYY	**Owner Signature**	**Housing Director**