



# Temporary Storage Firearm Information

(Background Check Required upon Return of Firearms)

Temporary Storage Customer Information

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone</b>	<b>Email</b>	<b>Driver's License No./State</b>	

Firearm Information

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<b>Manufacturer</b>	<b>Model</b>	<b>Caliber/Guage</b>	<b>Serial #</b>
<b>Y/N</b>			<b>Y/N</b>
<b>Box Included?</b>	<b>Holster/Other Included?</b>	<b># of Mags Included</b>	<b>CO Compliant?</b>

Firearm Condition

Describe visible damage upon check-in (include pictures).

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Temporary Storage Customer Signature

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Date