MESA COUNTY

FIREARM CHAIN OF CUSTODY FORM

DOCUMENTATION OF FIREARM(S)

❑ Firearm

CONFINEMENT OF FIREARM(S)

Patient / Other ***(circle one)*** Signature of Release to Secure Firearm(s) _____

LOCK BOX Snap Lock Number(s) _____

Placed by _____ _____ on _____
Agency / Facility OR if Patient, PRINT NAME *Signature* *Date*

Witness _____ _____ on _____
Agency / Facility *Signature* *Date*

DELIVERY OF FIREARM(S) FROM EMS TO HOSPITAL

LOCK BOX Snap Lock Number(s) _____

Given by _____ _____ on _____
Agency / Facility *Signature* *Date*

Received by _____ _____ on _____
Agency / Facility *Signature* *Date*

DELIVERY OF FIREARM(S) FROM EMS / HOSPITAL TO LAW ENFORCEMENT

LOCK BOX Snap Lock Number(s) _____

Given by _____ _____ on _____
Agency / Facility *Signature* *Date*

Received by _____ _____ on _____
Agency / Facility *Signature* *Date*

RELEASE OF FIREARM(S) FROM HOSPITAL TO OWNER

LOCK BOX Snap Lock Number(s) _____

Given by _____ _____ on _____
Agency / Facility *Signature* *Date*

❑ Proof of Identification ❑ Proof of Concealed Carry Permit ❑ Other _____

Received by _____ _____ on _____
Name PLEASE PRINT *Signature* *Date*

Patient Name *DOB* *Patient #*	*NOTES:*

WHITE COPY TO HOSPITAL SECURITY or LAW ENFORCEMENT / YELLOW COPY TO PATIENT / PINK COPY TO EMS