

**LAW ENFORCEMENT AGENCY (LEA)
WEAPON TURN-IN**

RETURNING AGENCY ID: _____

RETURNING AGENCY: _____

ADDRESS (No P.O. Box): _____

CITY: _____ STATE: _____

ZIP: _____ EMAIL: _____

PHONE: _____ FAX: _____

LEA USE		LESO USE ONLY
TYPE OF WEAPON	SERIAL NUMBER	REQUISITION NUMBER

FOR LARGE QUANTITY TURN-INS, A SPREADSHEET CONTAINING THE SERIAL NUMBERS MAY BE CREATED AND SUBMITTED IN ADDITION TO THE WEAPON TURN-IN.

REASON FOR RETURN:

The Chief Executive Official and the State Coordinator, by signing, certifies that all information contained above is valid and accurate.

CHIEF EXECUTIVE OFFICIAL: _____ **DATE:** _____
PRINTED NAME

SIGNATURE

STATE COORDINATOR: Mike Lesko _____ **DATE:** _____
PRINTED NAME

SIGNATURE

LESO USE ONLY

LESO OFFICIAL: _____ **DATE:** _____
PRINTED NAME

SIGNATURE