

SOUTHERN UTAH UNIVERSITY POLICE DEPARTMENT

36 North 300 W, Cedar City, Utah, 84720
(435) 586-7793

Firearms Safe Harbor – Request

This request authorizes SUU PD to hold the listed firearm for 60 days, with the option to extend for an additional 60 days. This request is govern by policy 800.4.5 and UCA 53-5c-201-202.

(Any additional items will also require a completed property form)

Reason of request _____

Date / time of Request _____

Requester Information: (Circle one) Owner Cohabitant

Name _____ T# _____

Address _____

Phone # _____

Email _____

Owner Information:

Name _____ T# _____

Address _____

Phone # _____

Email _____

Firearm Information:

Serial Number _____

Make _____

Caliber _____

Model _____

Type _____

I, _____ attest that I am a cohabitant of the owner of the above listed firearm and I believe that the owner cohabitant or another cohabitant with access to the firearm is an immediate threat to him/herself or other person.

I, _____ certify the above information is true and correct to the best of my knowledge.