

**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.

Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Case # \_\_\_\_\_