



ATLANTIC BEACH POLICE DEPARTMENT

"The Dream don't work, if the Team don't work."

GUN SECURITY

ACADIS NO. _____

From (Officer Name): _____

To: Chief of Police

Subject: GUN SECURITY

1. I realize, that as a Police Officer, I will be responsible for securing my weapon(s). I will follow the instructions given to me at the Police Academy training as to the proper procedure to use to secure my weapons.

2. The following member(s) of my family and/or any other person(s) who reside in my household, whether or not related to me, have been arrested for the charges listed below.

(use additional form if more space is needed)

3. The above is all the knowledge I have concerning my family and household members' arrest record(s).

Signature

Date