NORTHEASTERN ILLINOIS REGIONAL CRIME LABORATORY

OTHER-WEAPONS DESTRUCTION INVENTORY

AGENCY_____

Department Case Number	Description	R	D

Prepared By: _____ID#:_____Date: _____

Verified By: _____ID#:_____Date: _____

Delivered By: _____ID#:_____Date: _____

----------FOR LABORATORY USE ONLY----------

Received By:_____ Date: _____ Time: _____

Destroyed By: _____ Date: _____ Time: _____

Revised 4/2019