

**ILLINOIS STATE POLICE  
RETURN OF FORFEITED WEAPONS REQUEST/AGREEMENT**

I \_\_\_\_\_, an authorized representative of \_\_\_\_\_ (Seizing Agency), having reviewed the relevant forfeiture laws, respectfully requests the return of the below noted weapon(s) for official use by my agency. My signature, affixed below, acknowledges my agency's understanding of and adherence to the following statutory and/or Illinois State Police (ISP) provisions.

Per statute, drug forfeited property will be placed into official use in the enforcement of laws relating to cannabis or controlled substances. Money laundering forfeited property shall be used in the enforcement of any laws.

Once awarded, the weapon becomes the sole responsibility of your agency. When the weapon becomes unwanted or unsuitable for use, it will be the responsibility of your agency to properly dispose of the weapon. The sale of forfeited weapons to the public is not advised.

Your Agency agrees to indemnify and hold the Illinois State Police harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorney's fees and other litigation costs and expenses) incurred by the Illinois State Police as a result of any claims or suits brought against the Illinois State Police to recover any losses, liabilities, costs, damages, or expenses which arise as a result of or subsequent to the return of the following seized or forfeited property to your Agency, regardless of whether or not caused in whole or part by the negligence or other fault of the Illinois State Police.

**NOTICE:** Failure to comply with these provisions and regulations may result in an audit of your returned property and the possible denial of any future return requests.

1. MAKE: \_\_\_\_\_ MODEL #: \_\_\_\_\_

CALIBER: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

2. MAKE: \_\_\_\_\_ MODEL #: \_\_\_\_\_

CALIBER: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

3. MAKE: \_\_\_\_\_ MODEL #: \_\_\_\_\_

CALIBER: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

REQUESTING AGENCY: \_\_\_\_\_ CASE #: \_\_\_\_\_

REQUESTING AGENCY  
REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ISP DIRECTOR  
(OR DESIGNEE) APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_