VERMONT DEPARTMENT OF PUBLIC SAFETY FORENSIC LABORATORY
REQUEST FOR LABORATORY EXAMINATION

P. O. Box 47, Waterbury, VT 05676-0047
Phone: 802-244-8788

DPS Form 305A
(Please Print)

Agency Case #_____

EVIDENCE				
Lab Use Only	**Item/Tag #**	**Evidence Description** (ex: quantity, brief description)	**Evidence Context** (ex: location seized)	**Requested Analysis Code** (see below)