SURPLUS PROPERTY FORM

Date of Request: _____

Reason for Declaring Surplus: _____
Special Request: _____

Department Name: _____
Contact Name: _____
Phone Number: _____
Email address: _____
Location of Surplus: _____

Department Head Approval: _____
Finance Officer Approval: _____
County Manager Approval: _____

DESCRIPTION ie. make, model, color.	QTY	ASSET #	SERIAL NUMBER	ESTIMATED VALUE	SERVICEABLE Y/N