

REQUEST TO SURPLUS
FIXED ASSET / INVENTORY

**THIS FORM, APPROVED BY THE COUNTY MANAGER,
NEEDS TO BE ATTACHED TO ANY FIXED ASSET / INVENTORY ITEM
BEFORE IT IS REMOVED FROM A DEPARTMENT FOR SURPLUS/TRANSFER/DISPOSAL**

DATE: _____ DEPARTMENT: _____

ASSET / INVENTORY ID: _____

MAKE: _____ MODEL: _____

SERIAL NUMBER: _____

CONDITION: WORKS NEEDS REPAIR UNREPAIRABLE

TRANSFERRED to another Department ___ Y ___ N – New Department: _____

VEHICLE ___ Y ___ N – If **YES**, plates to been turned in to DMV & Surrender of Receipt sent to Clerk of the Board

ASSET / INVENTORY ID: _____

MAKE: _____ MODEL: _____

SERIAL NUMBER: _____

CONDITION: WORKS NEEDS REPAIR UNREPAIRABLE

TRANSFERRED to another Department ___ Y ___ N – New Department: _____

VEHICLE ___ Y ___ N – If **YES**, plates to been turned in to DMV & Surrender of Receipt sent to Clerk of the Board

ASSET / INVENTORY ID: _____

MAKE: _____ MODEL: _____

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CONDITION: WORKS NEEDS REPAIR UNREPAIRABLE

TRANSFERRED to another Department ___ Y ___ N – New Department: _____

VEHICLE ___ Y ___ N – If **YES**, plates to been turned in to DMV & Surrender of Receipt sent to Clerk of the Board

DEPARTMENT HEAD

COUNTY MANAGER

DATE: _____

DATE: _____