COASTAL PROTECTION & RESTORATION
SURPLUS FORM

REQUEST THAT THE FOLLOWING EQUIPMENT BE SURPLUSED:

Property located in Room #_____

Description & Condition	Tag #	Serial #	Method of Sanitization	Sanitized By (UID)	Date	Transfer #

Sanitization required for any item that holds memory

_____ _____

Signature, Property Liaison Date

REVIEWED AND RECORDED FOR PROPERTY INVENTORY:

_____ _____

PROPERTY CONTROL OFFICE Date

This form is to be submitted to the Property Control Manager, who will initiate the physical removal of the equipment upon receipt of the approved documents from the Division of Administration. Under no circumstances should the property be moved from its present location without specific instructions from the Property Control Manager. Please indicate the condition of the property as follows: Good, Fair, Poor, Inoperative, Parts Missing, etc.