



# Coastal Protection and Restoration Authority Property Transfer Form

This is an official record of the following equipment transfer:

FROM: \_\_\_\_\_  
Name Room/Cube #

TO: \_\_\_\_\_  
Name Room/Cube # Employee #

Description	State Tag No.	Location Code

Notes: \_\_\_\_\_  
\_\_\_\_\_

I understand that I will be held responsible for the items listed on this form, and that my signature constitutes my agreement.

\_\_\_\_\_  
Printed Name of Employee Responsible

\_\_\_\_\_  
Signature, Employee Responsible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Property Liaison

\_\_\_\_\_  
Date

Reviewed and Recorded for Property Inventory:  
\_\_\_\_\_

\_\_\_\_\_  
Property Manager

\_\_\_\_\_  
Date

**Note:** This form must be signed by both the employee responsible and the Property Liaison prior to submitting to the Property Manager for review and recording purposes. A copy of this form may be retained by the employee, if preferred, prior to submission to the Property Manager.