



SURPLUS NOTICE FORM

BOARD OF COUNTY COMMISSIONERS

DEPARTMENT: _____ DATE: _____

ASSET #: _____ ACQUISITION COST: _____

YR/MAKE/MODEL _____ MILEAGE: _____

DESCRIPTION/VIN: _____

SERIAL NUMBER: _____

REASON FOR DISPOSAL: (INCLUDE SPECIFIC DEFECTS)

TYPE OF DISPOSAL: (Check One)

_____ AUCTION _____ TRADE _____ RETIRED _____ DONATED

_____ TRANSFER TO DEPARTMENT _____

Initiating Dept Head - Signature/Date

Finance Department - Signature/Date

Recipient - Signature/Date

Purchasing Officer - Signature/Date