INDIAN RIVER COUNTY



FORM FOR DISPOSAL OF EXCESS CAPITAL OR ATTRACTIVE PROPERTY

Asset Number: Department #:	
Serial Number:	Fleet Number:
Description:	
Do you have possession of the asset? Yes No	
If Lost/Missing has a police report been filed? Yes No	
If yes, please attach a copy of the police report. If no, state reason:	
Is the item functional/WORKING CONDITION?	Yes No
If not in working condition, description of problems with item:	
Mileage/hours: Date last operated:	
Describe any mechanical issues:	
Custodian:Telephone Nu	ımber:
Physical Location of asset:	
If asset will be replaced, please enter the following: Purchase Order Number for Replacement: Dat	te Replacement Received
Approval _	
Approval Capital Asset Custodian	Date
ApprovalSupervisor/Manager	Date
Approval	Date
Additional Comments:	
To be completed by Budget/Finance Department:	
Approved for: Surplus Trade-In Replacement	

IT IS THE DISPOSING DEPARTMENT'S RESPONSIBILITY TO KEEP THE ITEM UNTIL CONTACTED BY PURCHASING TO SCHEDULE A TIME TO DROP OFF THE ITEMS AT THE PURCHASING WAREHOUSE.

DO NOT REMOVE PROPERTY FROM YOUR LOCATION WITHOUT PROPER AUTHORIZATION FOR DISPOSAL.