

### Application for Authority to Dispose of Surplus Property

The items listed below are authorized to be disposed of in accordance with the provisions of Government Code Sections 25503 through 25507

Department: \_\_\_\_\_ Disposal recommended by: \_\_\_\_\_ Phone: \_\_\_\_\_

(Sign and Print Name)

Disposal authorized by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Sign and Print Name)

To be completed by department manager requesting disposal of surplus item					To be completed by Purchasing Agent or Dept. Surplus Coordinator		
Qty.	Description	Disposal reason*	Condition**	Asset Tag ***		Sold, Traded, Transferred or Donated To	Amount Realized
				A/C/Dept			
	Vehicle#: _____ Make/Year: _____ Model: _____ Lic. Plate#: _____ VIN#: _____ Mileage: _____ Special equipment removal required? Please specify: _____ _____	Please check one: <input type="checkbox"/> Y: Destroyed <input type="checkbox"/> L: End of useful life <input type="checkbox"/> K: Downsize-cust req <input type="checkbox"/> R: Lease return <input type="checkbox"/> L: Uneconomical Repair <input type="checkbox"/> M: Downsize-planned	Please check one: <input type="checkbox"/> P: Poor <input type="checkbox"/> F: Fair <input type="checkbox"/> G: Good <input type="checkbox"/> E: Excellent <input type="checkbox"/> V: Various				

\* Reason for Disposal: U-unusable/damaged & uneconomical to repair; O-obsolete; E-excess to current needs

\*\* Condition of Property: P-Poor; F-Fair; G-Good; E-Excellent; V-Various

\*\*\* Auditor-Controller fixed asset tag number and/or department portable equipment tag number

Rubbish/scrap metal disposal: \_\_\_\_\_  
 disposed of by (name) \_\_\_\_\_ date \_\_\_\_\_ disposal location \_\_\_\_\_

To Purchasing Agent: \_\_\_ trade-in; \_\_\_ sale bid; To Dept. Surplus Coordinator: \_\_\_ other (recycling/donation/auction)

Trade in:  if old equipment cannot be released until new equipment is received  Req.# \_\_\_\_\_

Estimated current resale value (if known) \$ \_\_\_\_\_ Minimum sale price (if any) \$ \_\_\_\_\_

Address of Property: \_\_\_\_\_

Contact person where property is located: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name Phone Number

If sale, direct payment to be delivered to department cashier at: \_\_\_\_\_ CAPS Revenue Distribution Account  
 (\_\_\_\_\_) \_\_\_\_\_

Address Phone Number

To be completed by Purchasing Agent: found to be not required for public use per resolutions Board of Supervisors			
Quote Number	Close	Sales Award No.	Issue sales awards as indicated. Purchasing Agent by:

Forward in duplicate to Purchasing Agent (trade-in/sale bid) or Dept. Surplus Coordinator (other disposal methods)  
 Copies to: