

# Pickup & Disposal Request

Enter one descriptive code for each asset: (A) Good/Fair Condition (B) Requires Repair (C) Obsolete (D) Cannibalized

For Department Requesting Disposal of Surplus Property	
Date	_____
Department Name	_____
Contact	_____

For Property Office Use Only	
Received By	_____
Date	_____ Time _____
Comments: _____	

Notes \_\_\_\_\_

#	Code	PCN	Description	Manufacturer	Model	Serial #	Property Use Only	Suspend if more than 1
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Pickup assets at (Building) \_\_\_\_\_ Room \_\_\_\_\_ Contact \_\_\_\_\_

Items will be delivered to the Property Office (Date) \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

A separate form is required for each pickup location.

