

SURPLUS FORM

Dispose of / Request Form (check appropriate box below)

Dispose

 Sell

 Removed from Insurance

If Item is Removed from Insurance please contact Ms. Kimberly Turner (kimberly.turner@hertfordcountync.gov)



Date: _____

Requested By: _____

Department: _____

Phone: _____

Department Head Approval: _____

Location of Item: _____

All Request/Disposal Forms Should be Forwarded to Renee' Draper, Finance Officer (renee.draper@hertfordcountync.gov)
 Please include Model/Serial # of Equipment or Year/Make/Model/VIN # if Vehicle.

Internal Use: _____

Transfer Only Form: (Between Departments)

All Transfer Forms Should be Forwarded to Renee' Draper, Finance Officer (renee.draper@hertfordcountync.gov)



Date: _____

Requested By: _____

Department: _____

Phone: _____

Department Head Approval: _____

Please include Model/Serial # of Equipment or Year/Make/Model/VIN# if Vehicle

# of Items	Description

Transfer from Department: _____

Transfer to Department: _____

Date: _____

Received by: (sign/print) _____

Internal Use: _____

