Clear

Form G 9/13/21 ss

LDH SURPLUS – DATA SANITIZED ONLY

- VERIFY COLUMNS 1-8 ARE COMPLETE
- VERIFY OTS SUPERVISOR SIGNED/DATED
- WHEN SENDING TO PROPERTY COORDINATOR / MANAGER, ATTACH INCIDENT TICKET FOR PROCESSING

Property Location Liaison/Coordinator/Manager Name and Personnel #: _____

Plant Maint. #: _____

Building Slab/Functional Location Name/ID#: _____

AGENCY/FACILITY/SECTION WILL DELIVER (CONTACT THE P.M.): Y ☐ or N ☐ **AGENCY/FACILITY/SECTION REQUESTING LPAA PICK UP: Y ☐ or N ☐** **Date of OTS Ticket Request:** _____

Information for LPAA Pick up – Primary Contact Name: _____ **Primary Contact Phone #:** _____ **OTS Ticket #:** _____

Secondary Contact Name: _____ **Secondary Contact Phone #:** _____

1-Prop Liaison	2-Prop Liaison	3-Prop Liaison	4-OTS	5-OTS	6-OTS	7-OTS	8-OTS	OFFICE USE ONLY
Notification # Legacy #	Asset/Moveable Property Desc. such as: printer, router, computer, screen, laptop, server, etc. INCLUDE BRAND AND MODEL	Serial Number or IMEI Number From Cellular Devices	Media Type (Correct Codes must be used from Page 7 of the Data Santization State Requirment Policy)	Sanitization Status Code	Print Name and Sign Each Line Item	*REQUIRED Must use Personnel UID (If not available - use last 4 of SS#)	Date (this date should match the OTS Sanitization Label)	SURPLUS TRANSFER # N/T –NUMBER

**I attest all above electronic equipment has been sanitized in accordance with LPAA POL 20140 and a sanitization label has been affixed to each asset/moveable property.

OTS Supervisor (Print): _____ **OTS Supervisor (Signature):** _____ **Date:** _____

Agency/Facility Property Liaison/Coordinator/Manager has verified the above information, and is requesting the approval of the items listed be processed for state surplus:

PREPARER'S Signature (Property Liaison/Coordinator/Manager): _____ **Date:** _____

**OFFICE USE ONLY

Agency/Facility Property Coordinator (Signature): _____ **Date:** _____(if applicable)

Agency/Facility Property Manager (Signature): _____ **Date:**_____

Signature of PC/PM Supervisor (if applicable): _____ **Date:**_____

DISCLAIMER: Supervisors signature will be required if agencies/facilities do not have adequate staff to cover each level.

PROPERTY MANAGER/LOCATION SHALL KEEP PROCESSED PAPERWORK ON FILE FOR AUDITING PURPOSES FOR 5 YEARS