

LDH REQUEST FOR SURPLUS (DATA SANITIZATION NOT REQUIRED ITEMS ONLY)

Form H 9/13/21 ss

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 REQUEST LPAA PICK UP: Y or N

LPAA Pick up Information – Primary Contact Name: _____ Primary Contact Phone #: _____

Secondary Contact Name: _____ Secondary Contact Phone#: _____

<u>Notification #</u> Legacy #	Description of Item I.E: (desk, monitor, keyboards, mice, computer wires, docking stations, etc) See non-sanitized list for correct wording **Note: keyboards, mice, wires, calculators can be put in separate boxes and surplus by the box	Number of boxed items only	Serial #	<u>Office Use Only</u> <u>Surplus Transfer #</u> N/T-NUMBER

PREPARER'S Signature (Property Liaison/Coordinator/Manager Validates Request & Date): _____

OFFICE USE ONLY:

DATE PM RECEIVED REQUEST TO PROCESS: _____

Signature of Agency/Facility Property Coordinator Validates Request Processed (if applicable)	Date	Signature of Agency/Facility Property Manager Validates Approved To Surplus	Date
		Signature of PC/PM Supervisor Validates Approved To Surplus	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*