

# LDH REQUEST FOR DISPOSAL

(Items for disposal are NO longer usable, inoperable, and/or unrepairable. These items will be removed from inventory.)

Property Location Liaison/Coordinator/Manager Name and Personnel #: \_\_\_\_\_

Building Slab/Functional Location Name/ID #: \_\_\_\_\_

Plant Maintenance #: \_\_\_\_\_

- Over \$1000
- Over \$5000
- Under \$1000

**CHECK 1 of the 6 choices:**

- 1 Trade In (no vehicles) Document from Vendor will be needed to establish discounted amount
- 2 Deceased (livestock only)
- 3 Stolen – **IF FORCED ENTRY ATTACH POLICE REPORT**
- 4 Inventory Adjustment - **JUSTIFICATION REQUIRED**
- 5 Scrap **“Attach Photo(s)” Explain Why Item Is To Be Scrapped:** \_\_\_\_\_
- 6 Dismantle For Parts **“Attach Photo(s)” ALL AGENCY/FACILITY IDENTIFYING TAGS MUST BE REMOVED!**

(Any disposition of state property must be handled through LPAA. Agency/Facility must remove all identifying tags, and either place in dumpsters, pay outside vendor to pick up, or take to recycling. LPAA Does Not Pick Up Scrap)

**JUSTIFY DISMANTLING:** \_\_\_\_\_

Will another item be refurbished with the dismantled item parts: Y or N \_\_\_\_\_

(if yes, give detail of refurbished item and serial #/tag #) \_\_\_\_\_

Notification # Legacy #	Description of Item (desk, chair, computer, monitor. etc)	Number of Items	Serial #

**PREPARER’S Signature (Property Liaison/Coordinator/Manager) Validates Request** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of Section Chief/Director Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

**LPAA MUST APPROVE ALL DISPOSALS. ONCE APPROVED, AGENCY/FACILITY PROPERTY MANAGER WILL NOTIFY LIAISON/COORDINATOR TO DISPOSE**

**OFFICE USE ONLY:**

DATE PM RECEIVED REQUEST: \_\_\_\_\_ DATE APPROVED BY LPAA: \_\_\_\_\_

**Signature of Agency/Facility Property Coordinator Validates Request Processed** \_\_\_\_\_ **Date** \_\_\_\_\_ **Signature of Agency/Facility Property Manager Validated Approved to Dispose** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of PC/PM Supervisor Validated Approved to Dispose** \_\_\_\_\_ **Date** \_\_\_\_\_ **OUTSIDE VENDOR SIGNATURE VERIFICATION OF PROPERTY DESTROYED** \_\_\_\_\_ **Date** \_\_\_\_\_

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