

- 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 #:**_____

[illegible]

***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.