## Form **G** 9/13/21 ss

## LDH SURPLUS – DATA SANITIZED ONLY

**VERIFY COLUMNS 1-8 ARE COMPLETE** 

VERIFY OTS SUPERVISOR SIGNED/DATED

Property Location Liaison/Coordinator/Manager Name and Personnel #:  Plant Maint. #:							WHEN SENDING TO PROPERTY COORDINATOR/MANAGER, ATTACH INCIDENT TICKET FOR PROCESSING	
Building Slab/Functi	onal 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 Tick								Request:
Information for LPAA Pick up – Primary Contact Name:				Primary Contact Phone #:			OTS Ticket #:	
	Secondary Contac	t Name:	Secondar	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	Page 7 of the	Sanitization Status Code s must be used from e Data Santization juirment Policy)	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 <u>TRANSFER #</u> N/T –NUMBER
**I <u>attest</u> 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 (Pr Agency/Facility Propert		OTS Sup	ervisor (Signon, and is reque	nature):esting the approval o	of the items listed be processed		ate: is:	
PREPARER'S Signat	ure (Property Liaison/C	oordinator/Manager):				Date:_		<del></del>
	acility Property Coordin	ator (Signature): r (Signature):						
	-	applicable): ture will be required if age			D	ate:		