

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

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 #: \_\_\_\_\_

Notification # 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 #	Office Use Only Surplus Transfer # 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\*