

**Department of General Services,  
State Surplus Property  
1910 Darbytown Road  
Richmond VA 23231**

This is to certify that the item(s) listed are surplus to this agency and that we will maintain same in our care until authorized disposal is received. Further should we find need to withdraw item(s) prior to authorized disposal your office will be appropriately notified. We understand that failure to notify State Surplus Property may place this agency and/or the Commonwealth in legal liability to the bidder/purchaser. The following described State owned property is hereby declared surplus to the needs of this Agency and, pursuant to Section 2.2-1124 of the State Code, is being reported for disposal:

1. **EXACT LOCATION OF ITEM:** Agency's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Contact E-Mail Address \_\_\_\_\_  
Inspection and Removal Hours: \_\_\_\_\_

2. **SECTION TO USE FOR REPORT MACHINES, EQUIPMENT, ELECTRICAL ITEMS AND PARTS FOR SAME, ETC.**  
Name of Item \_\_\_\_\_ Agency ID No. \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Quantity \_\_\_\_\_  
Capacity/BTU/AMP/Phase/Voltage/Horsepower/Gallons/Etc. \_\_\_\_\_  
Condition: New: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_ Scrap: \_\_\_\_\_ Badly Deteriorated \_\_\_\_\_  
Broken \_\_\_\_\_ Wrecked \_\_\_\_\_ Other Defects \_\_\_\_\_ (Explain Under Remarks) \_\_\_\_\_  
Agency's Estimated Approximate Present Value: \_\_\_\_\_

3. **SECTION FOR REPORTING VEHICLES AND TITLE BEARING EQUIPMENT - (ONE REPORT PER VEHICLE):**  
Agency ID No. \_\_\_\_\_ Year/Mfg \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Type (Sedan Dump Pickup Station Wagon, Etc.) \_\_\_\_\_  
Doors (2 Door or 4 Door, Etc.) \_\_\_\_\_ Tonnage \_\_\_\_\_ \*\*Mileage \_\_\_\_\_  
(\*Mileage Information is a Federal and State Requirement. Please be sure to insert.)  
Brief Description (Such as Dual or Single Wheels, 2 Wheel or 4 Wheel Drive, Engine Size, Extra Accessories or Missing Parts, Color, Etc.) \_\_\_\_\_  
VIN NO. or Serial No. \_\_\_\_\_ Title No: \_\_\_\_\_  
Condition: New: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_ Scrap: \_\_\_\_\_ Badly Deteriorated \_\_\_\_\_  
Broken \_\_\_\_\_ Wrecked \_\_\_\_\_ Other Defects \_\_\_\_\_ (Explain Under Remarks) \_\_\_\_\_  
Agency's Estimated Approximate Present Value: \_\_\_\_\_

**(PLEASE BE SURE TO ATTACH TITLE TO THIS REPORT.)**

**4. Remarks:**

_____	Agency	Cost	Fund Detail	Revenue Source
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BY \_\_\_\_\_ Title: \_\_\_\_\_  
(Authorized Signature and Title)

Please Type Name \_\_\_\_\_ Email: \_\_\_\_\_  
Phone Number \_\_\_\_\_

**(Send One Copy of This Report for Each Item or Each Lot of Identical Items)**

Reports submitted without the proper coding will automatically be coded as purchased with General Funds. Remaining proceeds (after the service charge have been deducted) will be split between the agency and the Conservation Fund.