

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

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.