

Surplus Removal Form

Macon Bibb County

Date Prepared: _____

Department: _____ Division (if applicable): _____

Address of Removal Request: _____

Department Designee/Point of Contact [print]: _____

Department Designee/Point of Contact Signature: _____

Type of Asset	Make	Model	Asset Tag #	Service Tag/Serial Number	Location

**Attach additional sheet as needed.*

******* The below information will be completed by an appointed designee *******

Date of Removal: _____ Department: _____

Appointed Designee Name [print]: _____

Appointed Designee Signature: _____

All asset(s) listed in the above matrix have been removed from the site? Yes No

If no, explain why asset(s) were not removed.

Appointed Designees

Public Works-Contact for Office Furniture and like items

Technology (I.T.) – Contact for Electronics, Computers, Copiers and like items

Vehicle Maintenance – Contact for Vehicles, Small Engine and Outdoor Equipment