



### Dispose Equipment Order Request

#### Part 1: Office/Department Information

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Department Equipment Coordinator/Staff: \_\_\_\_\_

E-mail Address of Staff: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Part 2: Equipment Information

Unit #	Make/Model	Year	Ending Odo(meter)	Color

Fuel Type:  Gasoline  
 Diesel  
 Hybrid  
 Other

(specify) \_\_\_\_\_

#### Part 3: Decommissioning Method

(Select one (1)):  Auction  Transfer  Demolish  Other (specify): \_\_\_\_\_

\_\_\_\_\_

#### Part 4: Approval Authority (To be completed by Equipment Services Department)

A. Decommissioning:  Approved on: \_\_\_\_\_  
Date

Disapproved on: \_\_\_\_\_  
Date

B. To Purchasing Department: Asset Unit #: \_\_\_\_\_

Approved  Disapproved  Additional Information

Date Released to Purchasing Department: \_\_\_\_\_

Additional Information Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_