



## **Dispose Equipment Order Request**

Departmer						
	nt Name: _		Date:			
Name of D	epartment	t Equipment C	oordinator/Staf	f:		
E-mail Add	dress of St	aff:	Phone #:			
Dort 2: Ea	uinmant l	nformation				
	•	nformation				
Unit #	N	/lake/Model	Year	Er	ding Odo(meter)	Color
Fuel Type:	. □ Gas	soline				
	□ Die					
	☐ Hyb	orid				
	☐ Oth					
(specify)_						
Part 3: De	commissi	ioning Metho	d			
		ioning Method  ☐ Auction		□ Der	nolish 🗆 Other (sp	ecify):
		J		□ Der	nolish 🗆 Other (sp	ecify):
		J		□ Der	nolish   Other (sp	ecify):
(Select on	e (1)):	☐ Auction	□ Transfer		nolish □ Other (sp ent Services Departm	
(Select on	e (1)): oproval Au	☐ Auction	☐ Transfer	Equipme	· ·	nent)
(Select on	e (1)): oproval Au	☐ Auction	☐ Transfer	Equipme	ent Services Departn	nent)
(Select on	e (1)): oproval Au	☐ Auction	□ Transfer e completed by □ Approved	Equipme	ent Services Departm	nent)
(Select on Part 4: Ap	e (1)): oproval Au	☐ Auction  uthority (To be ssioning:	☐ Transfer  e completed by  ☐ Approved  ☐ Disapprov	Equipme I on: ved on: _	ent Services Departm Date Date	nent)
(Select on Part 4: Ap	e (1)): oproval Au	☐ Auction	☐ Transfer  e completed by  ☐ Approved  ☐ Disapprov	Equipme I on: ved on: _	ent Services Departm Date	nent)
(Select on Part 4: Ap	e (1)): oproval Au	☐ Auction  uthority (To be ssioning:	☐ Transfer  e completed by ☐ Approved ☐ Disapprovenent: Asse	Equipme I on: ved on: _ t Unit #: _	ent Services Departm Date Date	nent)
(Select on Part 4: Ap	e (1)): oproval Au	☐ Auction  uthority (To be ssioning:	□ Transfer e completed by □ Approved □ Disapprovenent: Asse □ Approved	Equipme I on:  ved on: _ t Unit #: _	ent Services Departm Date Date	nent)
Part 4: Ap A. B.	e (1)):  proval Au  Decommi	□ Auction  uthority (To be ssioning:	☐ Transfer  e completed by ☐ Approved ☐ Disapproventent: Asse ☐ Approved ☐ Date Release	Equipme I on:  ved on: _ t Unit #: _  Disa ed to Pure	ent Services Departm  Date  Date  pproved □ Addition	nent) nal Information