

## Property Management- Request for Property Survey

Name of Department: \_\_\_\_\_ School or Division: \_\_\_\_\_

Department Head or Administrator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Equipment <small>(DESCRIPTION, MODEL NO. AND SERIAL NUMBER)</small>	Tag Number	Date Purchased	Cost	Current Value	Location <small>(Bldg., Room)</small>	Condition <small>(* See Code Below)</small>

\*CONDITION CODES: E = EXCELLENT OR NEW, N = NON-WORKING, G = GOOD, F = FAIR, P = POOR, J = JUNK OR BROKEN, O = OTHER (\*1. Salvage/Repurposed, 2. Lost, 3. Stolen, 4. Traded-in, 5. Destroyed, 6. Transfer)

Additional Comments:

Has the equipment been **Sanitized**? Yes  No  Has the equipment been **Unlocked**? Yes  No

Completed **Electronic Data Sanitization Verification form** is required for any **equipment that holds/saves data**.  
Please note: The Property Management Office will not process your request without the completion of this form.

Check box for acknowledgement/approval to release assets identified above to asset management for disposition.

Department Head or Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Asset Management		
Asset Management Assessment and Proposed Recommendations:		
Name:	Signature:	Date:

For Office Use Only		
Survey Board Recommendations:		
Survey Board Review and Approval		
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date: