

Asset Management - Request for Property Survey Form

The Campus unit below requests the following be “surveyed” (removed from inventory records)

Department Name: _____ School or Division: _____

Property Asset Tag Number	Description of Equipment (Model No. and Serial Number)	Value	Location (Bldg. Room)	Condition Code

*CONDITION CODES: E = EXCELLENT, N = NON-WORKING, G = GOOD, F = FAIR, P = POOR, J = JUNK OR BROKEN

Additional Comments:

***Note:** Electronic Data/Media Sanitization Release for Destruction form is required for any **equipment containing Electronic storage media**. The Asset Management Office will not process your request without the completion of the form.

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

Authorization

Department Property Coordinator Name:	Signature:	Date:
Department Administrator Approver Name:	Signature:	Date:

Office Use Only		
Asset Management Assessment and Proposed Recommendations:		
Name:	Signature:	Date: