

CITY OF HAMMOND

310 E. Charles Street P.O. Box 2788 Hammond, LA 70404

PROPERTY CONTROL LOG

Name: _____ Dept. _____

Address: _____

Telephone No.: _____

Equipment/Uniforms/Furnishings Issued or Obtained From the City of Hammond (Qty.)	Date Rec'd	Employee Initials	Date Ret'd &	Rec'd By Initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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21.				
22.				
23.				
24.				
25.				
26.				

27.				
28.				
29.				
Items not listed above include the following:	Date Rec'd	Employee Initials	Date Ret'd &	Rec'd By Initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

This is to certify that all City issued equipment has been returned to the Cith of Hammond.

Employee Signature: _____

Date Signed: _____

Authorizing Signature: _____