

**City of Hammond Purchasing Department
Surplus/Transfer Request Form
[Use a Separate Form for Different Dispositions]**

| I. Department Name: <i>Hammond Police</i> | | Date: <i>4/05/18</i> | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|-------------|
| Approved By: | Fax: | Ext.: | |
| Requested Disposition: | | | |
| <input type="checkbox"/> Surplus item(s) to City of Hammond Property Control <input type="checkbox"/> Department wishes to keep item(s) & dismantle for parts to repair like equipment. <input type="checkbox"/> Transfer tagged property to _____ Dept* New Location: _____ | | | |
| NOTE: *IF PROPERTY HAS BEEN MOVED-COMPLETION OF SECTION III IS REQUIRED. | | | |
| PROPERTY # | DESCRIPTION OF PROPERTY | LOCATION | CONDITION |
| <i>None</i> | | <i>HPD Evidence</i> | <i>Good</i> |

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| II. THIS SECTION TO BE COMPLETED BY PROPERTY CONTROL STAFF | |
| Form Received By Property Control | Date: |
| <input type="checkbox"/> To be transported by Physical Plant to PC Surplus <input type="checkbox"/> To be transferred to another dept as indicated <input type="checkbox"/> None/Property delivered with form by department <input type="checkbox"/> Authorization for dept to cannibalize for parts | |
| Authorized By Property Control: | Date: |

| | | |
|-------------------------------------------------------------------------|------------|-------|
| III. ATTENTION: DO NOT SIGN UNTIL ITEMS ARE PICKED UP OR TRANSFERRED | | |
| Released By: | Dept Name: | Date: |
| Received By; | Dept Name: | Date: |
| Completed By: | Dept Name: | Date: |