County of Summit Declaration of Surplus Inventory Form

Department

Date

Contact Person

Contact Phone

I hereby declare the below listed items are either obsolete, unfit for use, or are generally no longer needed by this department.

Signature of Department Administrator

NO. ITEM DESCRIPTION (Make/Model)	SERIAL/MODEL NUMBER	INVENTORY TAG NUMBER	CONDTION Excellent (But no longer needed), Good, Poor, Scrap	ESTIMATED VALUE

Submit Form to: Central Purchasing Office
175 S. Main St. Room 708
Akron, OH 44308

PRINT RESET