



EQUIPMENT RETURN

Agency: _____
 Contact name: _____ Phone: _____
 Email address: _____ Fax: _____
 Address: _____ City/State: _____ Zip: _____

Information requested will assist COS in control of inventory for your agency. Please provide accurate information regarding agency equipment. Lost or broken equipment should be detailed to facilitate maintaining accurate records. Appropriate action take upon receipt.

Type of equipment	Serial number	Reason equipment returned	Date shipped to WASPC

Once this form is complete, email to cosstaff@waspc.org prior to shipping any equipment back to WASPC COS. For assistance, call (800) 457-6221.

WASPC, COS
 3060 Willamette Drive NE, Ste. 200
 Lacey, Washington 98516

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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