

EQUIPMENT DISPOSAL REQUEST

SURPLUS DONATE SCRAP LOST STOLEN

	DESCRIPTION	QTY	CONDITION	SERIAL NUMBER	TAG NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

Physical location: _____

Point of contact: _____ Phone number: _____

Supervisor Approval **(Required)**




Signature

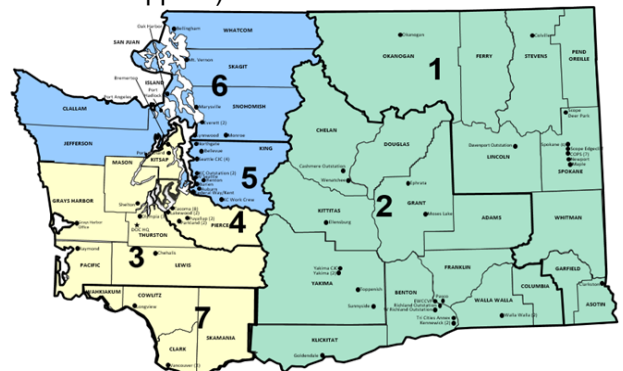
Date

INSTRUCTIONS

- List in the description the manufacturer, item name (e.g., server, router, switch), model number, size, etc.
- Quantity is only used for non-tagged similar items (e.g., cables, mice, misc. office supplies)
- Describe current condition, working/non-working, good, fair, poor
- Provide serial numbers when available

Prison Supply Specialists will request a disposal number when submitting Route completed form to appropriate mailbox by Region (see map)

-  [DOC East Equipment Transfer Disposal](#)
-  [DOC SW Equipment Transfer Disposal](#)
-  [DOC NW Equipment Transfer Disposal](#)
- [DOC HQ Equipment Transfer Disposal](#)
- [DOC CI Equipment Transfer Disposal](#)



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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