

NEW YORK STATE OFFICE OF GENERAL SERVICES
 SURPLUS PERSONAL PROPERTY DISPOSITION
 BLDG. 18, SUITE 102
 THE GOV. W. AVERELL HARRIMAN
 STATE OFFICE BUILDING CAMPUS
 ALBANY, NY 12226

Date _____ Page ____ of ____

REPORT OF SURPLUS PERSONAL PROPERTY

Fixed Asset Number

NAME AND ADDRESS OF REPORTING AGENCY
<p>THE PERSONAL PROPERTY LISTED BELOW IS NO LONGER REQUIRED BY THIS AGENCY AND THE AGENCY DECLARES, WITH RELATION TO ENVIRONMENTAL CONSERVATION LAW, ARTICLE 27 AND 6NYCRR PART 371, THAT SUCH LISTED PROPERTY IS NOT, AND DOES NOT CONTAIN, HAZARDOUS WASTE, PESTICIDES, OR RADIOACTIVE MATERIALS.</p> <p>Authorized Signature: _____</p>

LOCATION OF PROPERTY
<p>Contact: _____</p> <p>Phone No.: _____</p>

PRINTER DESCRIPTION

ITEM #	Make and Model	# OF UNITS	CONDITION	Energy Star Compliant		Net-Workable		Duplex Capability	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PRINTED NAME (First, MI, Last) _____ TITLE _____ TELEPHONE NUMBER _____

INFORMATION SECURITY CERTIFICATION: The undersigned acknowledges that the surplus IT equipment listed herein has been prepared for disposal and/or interagency transfer by erasing all data in a manner that ensures it cannot be retrieved. In addition, the undersigned acknowledges that the condition and capabilities of the IT equipment listed above is true to the best of your knowledge.

SIGNATURE: _____ DATE: _____

NOTE: SHOULD THE DISPOSAL OF THIS EQUIPMENT REQUIRE ANY SPECIAL ACTION OR HANDLING, PLEASE EXPLAIN.	Funds from which item(s) purchased
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