



THIS FORM MUST BE FULLY COMPLETED INCLUDING SECURING THE APPROPRIATE  
SIGNATURES PRIOR TO REMOVAL OF DISTRICT-OWNED PROPERTY

## REMOVAL REQUEST OF DISTRICT-OWNED PROPERTY

Name \_\_\_\_\_ Employee ID \_\_\_\_\_ Student ID \_\_\_\_\_

Address (Destination of Equipment) \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Dept. \_\_\_\_\_ Ext. \_\_\_\_\_

Equipment Description \_\_\_\_\_ Property Tag# \_\_\_\_\_

Mfg. \_\_\_\_\_ Model# \_\_\_\_\_ Serial # \_\_\_\_\_

Value According to Inventory Records: \$ \_\_\_\_\_

Purpose/Justification for Request \_\_\_\_\_

Equipment to be returned by \_\_\_\_\_ (Date)

I understand that I am responsible for returning the equipment listed above in the condition in which it was received and I willingly take responsibility to make certain that it is returned in the same condition. I accept financial responsibility for any repairs or replacement of lost or damaged items.

I hereby acknowledge that if equipment is not returned by the above prescribed time, I shall not be allowed to register for future terms/semesters and my grades shall be withheld, or the value of the equipment shall be deducted from monies owed me, whichever is applicable.

Requestor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director or VP Approval: \_\_\_\_\_ Date \_\_\_\_\_