



**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 _____ **Staff** _____ **Student** _____

Address (Location of Equipment) _____

Phone # _____ **Dept.** _____ **Ext.** _____

EQUIPMENT DESCRIPTION _____ **Property Tag #** _____

Mfg. _____ **Model #** _____ **Serial #** _____

Value According to Inventory Records \$ _____

Justification for Request _____

Equipment to be Returned By _____

I hereby acknowledge that if equipment is not returned by the above prescribed time, I shall not be allowed to register for the following semester 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 _____

Department Chair/Director Approval _____ **Date** _____