





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 \_\_\_\_\_