

Routing:	
Purchasing	
F&A Sr. Acctg. Assoc.	



**CITY OF KIRKLAND
ASSET DISPOSITION**

Department: _____ Contact Person: _____ Ext No: _____

Description of Item: _____

Location of Item: _____

Number of like items if more than one: _____

Make: _____ Model: _____ Serial No: _____

Condition: Excellent Good Poor (check one)

Current estimated value: None \$1-10,000 Over \$10,000 (check one)

Estimated Acquisition Date: _____ Asset Tag No: _____ Tag

Color: _____

Asset Status: Surplused (see below *) Traded-in Transferred to – Dept Name:

Damaged Lost/Stolen – Police Report No: _____ (check one)

For Vehicles Only: Year: _____ Make: _____ Model: _____

Mileage: _____ VIN No: _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Department Head or Designee

Date

* COMPLETE FOR PROPERTY BEING SURPLUSED : _____ Statement:
KMC 3.86

I certify that the above-described City-owned property is hereby declared surplus to the needs of this department.

Signature of Department Head or Designee

Date

Sample