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 SURPLUSD:

KMC 3.86

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