

## SURPLUS PROPERTY FORM

Please fill out the attached form and email a copy to Shelly Halacy in Commission <a href="mailto:shalacy@co.weber.ut.us">shalacy@co.weber.ut.us</a>. Please cc. a copy to Matt Clements <a href="mailto:mclements@co.weber.ut.us">mclements@co.weber.ut.us</a>, Jason Horne <a href="mailto:jhorne@co.weber.ut.us">jhorne@co.weber.ut.us</a>, and Accounting <a href="mailto:accounting@webercountyutah.gov">accounting@webercountyutah.gov</a>

Reason for	<b>Declaring Surplus:</b>	Replacement
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Special Request:

Department Name: Health Nursing department

Contact Name: David Morris

Phone Number: 7198

Email address: dmorris@gmail.com

Location of Surplus: Health department first floor

Department Approval:	- enve
Commission Approval Date:	
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DESCRIPTION ie. make, model, color, size	QTY	WC STICKER #	SERIAL NUMBER	SERVICEABLE OR UNSERVICEABLE
Helmer Medical Grade Refrigerator		N/A	991736	Unserviceable
Helmer Medical Grade Refrigerator	1	N/A	989481	Serviceable
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