

SURPLUS PROPERTY FORM

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

Reason	for Declaring Surplus: Replacement	t
	Request:	

Department Name: Health Department

Contact Name: David Morris

Phone Number: 7198

Email address: dmorris@gmail.com Location of Surplus: Health Department

Department Approval:	Michelle Jams	
Commission Approval D	ate:	
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DESCRIPTION ie. make, model, color, size		WC STICKER #	SERIAL NUMBER	SERVICEABLE OR UNSERVICEABLE	
Vaccine Freezer		N/A	Model 15 liter FFM	Unserviceable	
Helmer Vaccine Freezer	1	N/A	992616	Unserviceable	