

Date: 1/25/2020

SURPLUS ASSET DISPOSITION FORM

1. DEPARTMENT Fire and Rescue 2. CONTACT PERSON Todd Lupton
3. EXACT LOCATION OF ITEM Logistics 4. PHONE 703-257-8458
6. DETAILED DESCRIPTION OF ITEM Retired self contained breathing apparatus

7. QUANTITY 34 8. MANUFACTURER Scott 9. MODEL NO. AP50

10. SERIAL NO. _____ 11. CITY PROPERTY ID #: _____ 11a. CITY ASSET# _____

12. DATE PURCHASED, IF KNOWN 2003 13. ORIGINAL PURCHASE PRICE, IF KNOWN \$ _____

14. CURRENT CONDITION (Check One) NEW GOOD FAIR POOR BROKEN

DEPARTMENT DIRECTOR'S RECOMMENDED ACTION:

_____ Use for Parts _____ Sell _____ Trade _____ Junk _____ Other _____

_____ Transfer Property ID Tagged Item to: _____
(Department/Division Name)

X Donate to: Lexington Fire Department (City Manager's Approval Required)
(Organization's Name)

Comments: _____

15. CURRENT ESTIMATED VALUE \$ _____ 16. VEHICLE OR TITLE BEARING EQUIPMENT (Circle One) YES OR NO

17. YEAR _____ 18. MAKE _____ 19. MODEL _____ 20. TYPE _____

21. TONNAGE _____ 22. MILEAGE _____ 23. VIN _____

24. TITLE NO. _____ 25. REVENUE FUND TO BE CREDITED _____

26. REMARKS _____

27. I certify that the item(s) listed are surplus to this Department, and that we will maintain same in our care until authorized disposal is received. The above described City owned property is hereby declared surplus to the needs of this Department and is hereby reported for disposal.

William Smith
Department Director

1-26-2021
Date

28. Disposal by Donation is Approved: *[Signature]*
City Manager

1-28-2021
Date

29. Received as surplus at the Purchasing Division by: _____
Signature Date

Disposal Method Action Taken:

_____ Junked _____ Sold To: _____ Amount Received \$ _____

_____ Donated To: _____ Traded To: _____

_____ Used for Parts By: _____ Storage Location: _____

_____ Other: _____

Capital Asset Controller Notified: _____
Name Date

_____ Purchasing Manager _____
Date