

Lexington-Fayette Urban County Government Fixed Asset Inventory Transfer and Equipment Retirement Form

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	Division Approval:	PLEASE PRINT:	Inventory Coordinator:	E PRINT												×	×	Delete		Please Check One
			tor:	PLEASE PRINT AND SIGN YOUR NAME BELOW														Tag No.	Inventory	
																Corrections Canine Clyde	Corrections Canine Kyro	Item Description		To SURPLUS an item check TRANSFER column*
																		No.	Old Dept.	olumn <u>*</u>
Date:		PLEASE PRINT:	Inventory Coordinator:	PLEASE P														No.	New Dept.	
		RINT:	ordinator:	PLEASE PRINT AND SIGN YOUR NAME BELOW												retirement/transfer to Cpl. Tingle	retirement/transfer to Cpl. Tingle	Method of Disposal	Reason for Request and	Complete for "DELETES" ONLY
				MO														Date		