

Surplus Property Pick Up Request Form

Today's Date: _____

Requestor: _____

Phone Number: _____

Department or Organization: _____

DCC, ID, or P00#: _____

Surplus Item Location(s) _____

Item Description:	Location (Building/Room #):	Quantity:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Please fill this form out and attach to a Maintenance Request