Grantee/Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requestor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **QUANTITY** | **ITEM DESCRIPTION** | | | | | **SERIAL #** | | | | **CONDITION \*** | | |
|  |  | | | | |  | | | |  | **W** | |
|  | **NW** | |
|  | **O** | |
| **Transfer to other LEA** | |  | **Discard** |  | **Return to POST** | |  | **Missing** |  | **Other** | |  |
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| **Transfer to other LEA** | |  | **Discard** |  | **Return to POST** | |  | **Missing** |  | **Other** | |  |
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| **Transfer to other LEA** | |  | **Discard** |  | **Return to POST** | |  | **Missing** |  | **Other** | |  |
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| **Transfer to other LEA** | |  | **Discard** |  | **Return to POST** | |  | **Missing** |  | **Other** | |  |
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| **Transfer to other LEA** | |  | **Discard** |  | **Return to POST** | |  | **Missing** |  | **Other** | |  |
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| **Transfer to other LEA** | |  | **Discard** |  | **Return to POST** | |  | **Missing** |  | **Other** | |  |
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| **\*W = Working** | **NW = Not Working** | **O = Obsolete** | **Check all that apply.** |

If equipment is being transferred to another LEA, please note in the description which agency it is being transferred to.

If missing/other selected, please give detail explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grantee/Agency Signing Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by POST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_