

Rev:01/2009

OFFICE OF JUVENILE JUSTICE STATE PROPERTY TRANSFER/DISPOSAL FORM

TO: PROPERTY CONTROL MANAGER	FROM:	DATE:
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REQUEST THE FOLLOWING ACTION TO BE TAKEN ON ITEMS LISTED BELOW:	<input type="checkbox"/> Agency Transfer	<input type="checkbox"/> Location Transfer	<input type="checkbox"/> Surplus	<input type="checkbox"/> Disposal
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DESCRIPTION	PROPERTY TAG NUMBER	Serial Number	FROM		TO	
			Section	Person Responsible	Section	Person Responsible

INDIVIDUAL/SECTION REPRESENTATIVE RELINQUISHING STATE PROPERTY	Date
PRINT NAME _____ SIGNATURE _____	

INDIVIDUAL/SECTION REPRESENTATIVE RECEIVING STATE PROPERTY	Date
PRINT NAME _____ SIGNATURE _____	

PROPERTY CUSTODIAN	Date
PRINT NAME _____ SIGNATURE _____	

SIGNATURE OF PROPERTY MANAGER	Date
PRINT NAME _____ SIGNATURE _____	

NOTE: NO ITEM CAN BE MOVED FROM ONE LOCATION TO ANOTHER WITHOUT THE APPROVAL OF THE PROPERTY CONTROL MANAGER. THE PERSON WHO ACTUALLY COMPLETES THE TRANSFER OF THE ABOVE ITEMS MUST SIGN IN THE APPROPRIATE LOCATION AND FORWARD TO THE PROPERTY CONTROL MANAGER IMMEDIATELY.