



Property Control Form for

Please return the completed form to the Property Management Office

Requestor / Liaison Name:
(Please print) _____

Department Name: _____

Building and Floor / Room: _____

Phone / Fax: _____ **Date:** _____

- | | | | |
|---------------------|--|---------------------------------------|---|
| Please Check | <input type="checkbox"/> Cannibalized | <input type="checkbox"/> Donated/Gift | [Please attach "Agreement for Donation"] |
| | <input type="checkbox"/> Discarded | <input type="checkbox"/> Exchanged | [CUNY Tag# of the new property _____] |
| | <input type="checkbox"/> Salvaged | <input type="checkbox"/> Loss | [Explain how: _____] |
| | <input type="checkbox"/> Scrapped | <input type="checkbox"/> Sold | [Please attach "Agreement for Sale"] |
| | <input type="checkbox"/> Obsolete | <input type="checkbox"/> Stolen | [Please attach "Incident Report and Police Report"] |
| | <input type="checkbox"/> Return for Credit | <input type="checkbox"/> Written Off | [Explanation is required: _____] |
| | <input type="checkbox"/> Traded | <input type="checkbox"/> Transfer | |

Authorization Given To:

Certified By

Requestor / Liaison Signature: _____

Chairperson/Director/Dean:
(Please print) _____

(Please sign) _____

**I CERTIFY THAT ALL SOFTWARE AND PERSONAL FILES ARE REMOVED FROM COMPUTER BEING DISPOSED
Information Technology**

Personnel: *(Please print and sign)* _____ **Date:** _____

PROPERTY HAS BEEN PICKED UP / RECEIVED BY:

(Please print) _____ **Phone:** _____

(Please sign) _____ **Date:** _____

CUNY Tag #	Description	Manufacturer	Model #	Serial #	From	To	New Responsible Person and / or Department (Code)
					Building and Room	Building and Room	

For Property Management Office Use:

Property Manager Approval Name: *(Please print)* _____

(Please sign) _____

Date: _____