# ACES CTU Surplus Equipment Form

*PLEASE FILL OUT ALL INFORMATION. THIS FORM MUST ACCOMPANY ALL SURPLUS EQUIPMENT. EACH PIECE OF EQUIPMENT REQUIRES A SEPARATE FORM.*

Your Name: _____ Your Phone Number: _____

Owner Name: _____ Owner Phone Number: _____

County Name or office Number: _____

Equipment Type: Computer ☐ Monitor ☐ Printer ☐ Other: _____

Serial #: _____ Property Control #: _____

Check One: Surplus: ☐ Transfer: ☐ Other: ☐ (describe below)

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CTU Arrival Date: _____ Signature: _____