

Line Item	State Asset Tag #	Division Name	Description	Working Condition?	Rec'd
16				Yes <input type="checkbox"/> No <input type="checkbox"/>	
17				Yes <input type="checkbox"/> No <input type="checkbox"/>	
18				Yes <input type="checkbox"/> No <input type="checkbox"/>	
19				Yes <input type="checkbox"/> No <input type="checkbox"/>	
20				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21				Yes <input type="checkbox"/> No <input type="checkbox"/>	
22				Yes <input type="checkbox"/> No <input type="checkbox"/>	
23				Yes <input type="checkbox"/> No <input type="checkbox"/>	
24				Yes <input type="checkbox"/> No <input type="checkbox"/>	
25				Yes <input type="checkbox"/> No <input type="checkbox"/>	
26				Yes <input type="checkbox"/> No <input type="checkbox"/>	
27				Yes <input type="checkbox"/> No <input type="checkbox"/>	
28				Yes <input type="checkbox"/> No <input type="checkbox"/>	
29				Yes <input type="checkbox"/> No <input type="checkbox"/>	
30				Yes <input type="checkbox"/> No <input type="checkbox"/>	
31				Yes <input type="checkbox"/> No <input type="checkbox"/>	
32				Yes <input type="checkbox"/> No <input type="checkbox"/>	
33				Yes <input type="checkbox"/> No <input type="checkbox"/>	
34				Yes <input type="checkbox"/> No <input type="checkbox"/>	
35				Yes <input type="checkbox"/> No <input type="checkbox"/>	
36				Yes <input type="checkbox"/> No <input type="checkbox"/>	
37				Yes <input type="checkbox"/> No <input type="checkbox"/>	
38				Yes <input type="checkbox"/> No <input type="checkbox"/>	
39				Yes <input type="checkbox"/> No <input type="checkbox"/>	
40				Yes <input type="checkbox"/> No <input type="checkbox"/>	

PROPERTY DISPOSAL REQUEST – NON-ELECTRONIC ITEMS

Agency Name: _____

Agency Rep Name: _____

Agency Phone Number: _____