

**Equipment Relocation/Disposal Request Form**

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

Current Location of Items: \_\_\_\_\_

Contact Name and Phone Number for Request: \_\_\_\_\_

Items Requested:

Item	Serial # or Asset #	Obsolete or Damaged	Quantity	Purchased with Grant Funds?

\_\_\_\_\_  
Name and Signature (Principal/Administrator)

\_\_\_\_\_  
Person declaring obsolescence / damage

\_\_\_\_\_  
Name and Signature (Superintendent or Designee)

<p>Actions Taken (per Board Regulation DN-R):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date(s) of disposal: _____</p> <p>Method(s) of disposal:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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