



# THE UNIVERSITY OF AKRON

## CAPITAL ASSET SURPLUS PROPERTY RELEASE FORM

**DATE:**

**ACCOUNT CODE:**

**MAIL CODE:**

**DEPARTMENT NAME:**

**SUBMIT COMPLETED FORM TO:**

Central Stores

Surplus Property Recycling

+0703                  Fax: X5294

E-mail to: [cook@uakron.edu](mailto:cook@uakron.edu)

The items listed are considered surplus to the needs of this department. It is requested that they be removed and disposed of by the Office of Surplus Property Recycling.

Dept. contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature - Dean, Head of Department (Required)**

Qty.	Description of Item(s) (Model & Serial #)	Condition Codes	Estimated Value	Original Cost (If Known)	Location Building & Room	UA Tag # or Serial #

**CONDITION CODES**

- A1     New/Unused Property - Excellent Condition
- A2     Used Property - Good Condition
- A3     Used Property - Fair Condition
- A4     Minor Repairs Required
- A5     Major Repairs Required
- S      Scrap - Beyond Repair - Obsolete - Unusable

ADDITIONAL COMMENTS:

**UNIVERSITY PERSONNEL WILL CONTACT YOU REGARDING PICK-UPS**