



REQUEST FOR RELOCATION OF PROPERTY

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
Office of Property Records

Contact Information
Telephone: (850) 599-3679
FAX: (850) 561-2607

This Section is completed by the Office of Property Records

REQUEST NO.

SIGNATURE/Assistant Controller

Date

1. REQUESTING DEPARTMENT: _____

2. CHECK ONE: ☐ Request the property described below to be relocated as indicated.

☐ The property described below has been relocated as indicated.

3. CHECK ONE: A: ☐ RELOCATION B: ☐ SURPLUS C: ☐ TRANSFER

4. TAG NO. (T,F,NICN)		5. DESCRIPTION OF ITEM(S) & SERIAL NUMBER	6. FROM		7. TO	
			BLDG #	ROOM #	BLDG #	ROOM #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

8. Remarks: _____

9. Requested By (Type or Print) Signature of Requester Date

10. Department Number (6 Digits) Phone Number Fax Number

11. Name of Receiving Department Department Number (6 Digits) Ext.

12. Name of Recipient (Please Print) Date

This section is completed once the items have been received

13. Signature of Recipient

Date

IMPORTANT SAFETY NOTICE

*The relocation of equipment containing hazardous substances must be coordinated with the Environmental Health & Safety (EH&S) Office prior to any movement. Employees must not attempt to relocate such equipment without proper authorization and guidance from EH&S. Please Contact Environmental Health & Safety at (850-599-8023) for assistance and to schedule a safety assessment.

*If this transaction involves surplus computers the property designee/accountable officer MUST certify the hard drive(s) have been cleaned.

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			BLDG #	ROOM #	BLDG #	ROOM #
11.						
12.						
13.						
14.						
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