THE CITY OF MARCO ISLAND

FIXED ASSET DISPOSAL FORM

e complete the following for tt ID Number:		t: mber on printout, not Tag num	nber)
			·
tion or Department:			
e "Request for Disposal" or	"Transfer of Ass	set":	
Request for Disp	osal:		
Reason for Disposal:			
Method of Disposal:			
Division Director Signature	and City Manag	er Signature required.	
Division Director	Date	City Manager	Date
Transfer of Asset	::		
This asset should be	transferred	to Department:	
Location:		Custodian:	
Both Division Director's Sig			
From—Division Director	 Date	To—Division Director	– ——— Date
		Accounting Use Only: T	ag #:
		Accounting Use Only: T	ag #: