

A. REQUESTOR			
Department: _____	Request #:	_____	
Division: _____	Date:	_____	
Name: _____	Title:	_____	
Address: _____	City: _____	Zip: _____	
Phone: _____	Fax: _____		
Email: _____			

B. EQUIPMENT CONTACT & LOCATION			
Name: _____	Title:	_____	
Address: _____	City: _____	Zip: _____	
Phone: _____	Fax: _____		
Email: _____			
Vehicle Location Phone: _____			
City where equipment is located: _____			

C. DESCRIPTION OF EQUIPMENT TO BE DISPOSED							
*Use abbreviations where applicable (Make, Model) and only list last two digits of Year.							
Tag/Prop. Number	Year	Make	Model	Vehicle Type (Sedan, Van/15P...)	Vehicle Identification Number	Miles/Hours	Title
<p>1. Fuel Type: Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> (Other <input type="checkbox"/> Describe: _____)</p> <p>2. Engine Description: 4-Cyl <input type="checkbox"/> 6-Cyl <input type="checkbox"/> 8-Cyl <input type="checkbox"/> (Other <input type="checkbox"/> Describe: _____)</p> <p>3. Transmission: Automatic <input type="checkbox"/> (Manual <input type="checkbox"/> Speeds: _____)</p> <p>4. Two Wheel Drive <input type="checkbox"/> Four Wheel Drive <input type="checkbox"/> Tandem <input type="checkbox"/></p> <p>5. Condition (Good, Fair or Poor): (Body: __) (Paint: __) (Engine: __) (Drive train: __) (Tires: __)</p> <p>6. Status of Equipment: Operational <input type="checkbox"/> Non-Operational <input type="checkbox"/> (Specify if: Wrecked <input type="checkbox"/> Burned <input type="checkbox"/> Other <input type="checkbox"/>)</p> <p>7. Other: _____</p> <p>8. Estimate of Immediate Cost to Keep Unit Operational: \$ _____</p> <p>(Explain): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>							

Send completed form to: **Martha Balboni**
 DMS State Fleet Management
 4050 Esplanade Way, Bldg. 4050 - Suite 335
 Tallahassee, FL 32399-0950

Or Email to: Martha.Balboni@dms.myflorida.com

NOT COMPLETING ALL APPLICABLE SECTIONS MAY DELAY PROCESSING OF THIS REQUEST.