



# DEPARTMENT OF JUVENILE JUSTICE PROPERTY TRANSFER/RELOCATION FORM

(MUST BE COMPLETED WHEN EQUIPMENT IS TRANSFERRED/RELOCATED)

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**TRANSFERRING FACILITY OR OFFICE:** Initiate by completing the information below and items 1, 2, and 3 (middle) of this form. Forward this form to the Receiving Facility or Office.

**OFFICE NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

\_\_\_\_\_

**ORG CODE:** \_\_\_\_\_ **LOC CODE:** \_\_\_\_\_

**ACTION TAKEN BY:** \_\_\_\_\_

**SIGNATURE**

**PRINT NAME**

**THIS FORM IS SUBMITTED FOR EQUIPMENT:** TRANSFER  RELOCATION  (Select One)

\*\*\*\*\*

(1) PROPERTY TAG NUMBER	(2) DESCRIPTION (MODEL, MANUFACTURER)	(3) SERIAL NUMBER	(4) NEW LOCATION CODE	(5) NEW ROOM NUMBER

**RECEIVING FACILITY OR OFFICE:** Complete ALL information below and items 4 and 5 (above). Region personnel forward this form to their Property Coordinator. Headquarters personnel forward this form to the Property Management Office.

**OFFICE NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORG CODE:** \_\_\_\_\_

**EQUIPMENT RECEIVED BY:** \_\_\_\_\_

**SIGNATURE**

**PRINT NAME**

- DISTRIBUTION:**
- ORIGINAL:** HQ, Property Management Office
  - Copy #1** Transferring/Relocating Facility or Office
  - Copy #2** Receiving Facility or Office
  - Copy #3** Regional Property Coordinator