SURPLUS PROPERTY FORM

Please fill out the attached form and email a copy to Shelly Halacy in Commission shalacy@co.weber.ut.us. Please cc. a copy to Brianna Sederholm bsederholm@co.weber.ut.us, Amanda Conley aconley@co.weber.ut.us, and Eric Barrett ebarrett@co.weber.ut.us.

Reason for Declaring Surplus:
Special Request:

Department Name: Weber Morgan Health Dept.
Contact Name: Mike Chavez
Phone Number: 801-399-7199
Email address: mchavez@co.weber.ut.us
Location of Surplus: 477 23rd street – Weber Morgan Health bldg.

Department Approval: _____
Commission Approval ~~Date~~: _____

DESCRIPTION ie. make, model, color, size	QTY	WC STICKER # (Year) ~~Fleet #~~	SERIAL NUMBER	SERVICEABLE OR UNSERVICEABLE
FORD-Escape - Silver - SUV 4x4	1	2003 (3037)	1FMCU931X3KC68553	Serviceable (Runs)
~~FORD ESCAPE~~ -				
Dodge - Dakota - white - 4x4	1	2003 (3061)	1D7HG48N53S274914	Serviceable (Runs)
ISUZU - Rodeo - Red - 4x4	1	2000 ~~(Covert)~~	4S2DM58W8Y4349257	Serviceable (Runs)
FORD - Escape - silver - SUV - 4x4	1	2003 ~~(Covert)~~	1FMYU93113KD19847	Serviceable (Runs)

~~Ford~~