CITY OF FOLEY

PROPERTY FORM

☐ NEW ☐ TRANSFER ☑ DISPOSAL ☐ CHANGE ☐ OUT OF SERVICE

Effective Date: 09/09/2015 Resolution #: _____

If Property is being Transferred,

Department: Police Department Receiving Department: _____

If Property is to be Disposed,

Means of Disposal: ☑ GOVDEALS ☐ SCRAP ☐ OTHER _____ *(If other, describe)*

☐ OUT OF SERVICE _____ *(Storage location)*

If New: ☐ PURCHASED ☐ CONFISCATED ☐ OTHER _____ *(If other, describe)*

Item Description: 2003 Ford Crown Vic

VIN/Serial #: 2FAFP71W13X189528 Make: Ford Model: Crown Vic

City Tag : 40108MU *(If applicable)* Vehicle #: 08-23 *(If applicable)* Mileage: Unknown

Departmental Section

- Current Vehicle/equipment ID# 08-23
- New vehicle/equipment number assigned NA
- Completed by J. Holcombe Date 9/9/2015

Accounts Payable Section

- Vendor _____ Date Paid _____
- Moved title *(if applicable)* to proper dept. vehicle file ☐
- Title Applied For _____ Tag Applied For _____
- Paperwork (if any) attached _____
- Completed by _____ Date _____

Insurance

- Is item insured? _____
- If new, date item was added to insurance _____
- If changed, date insurance company was notified _____
- Completed by _____

Fixed Asset Section

- On F.A. list? _____ If Yes, ID # _____
- Date transferred in F.A. system _____
- Completed by _____

Prepaid Insurance

- Date schedule was updated _____
- Completed by _____

Updated: 8/20/10

City of Foley

CITY OF FOLEY

PROPERTY FORM

☐ NEW ☐ TRANSFER ☒ DISPOSAL ☐ CHANGE ☐ OUT OF SERVICE

Effective Date: _____ Resolution #: _____
If Property is being Transferred,

Department: POLICE Receiving Department: _____
If Property is to be Disposed,

Means of Disposal: ☒ GOVDEALS ☐ SCRAP ☐ OTHER _____
(If other, describe)

☐ OUT OF SERVICE _____
(Storage location)

If New: ☐ PURCHASED ☐ CONFISCATED ☐ OTHER _____
(If other, describe)

Item Description: 2000 FORD CROWN VIC

VIN/Serial #: 2FAFP71W51X138238 Make: FORD Model: CROWN VIC

City Tag : 33159MU *(If applicable)* Vehicle #: 08-35 *(If applicable)* Mileage: 187178

Departmental Section	•Current Vehicle/equipment ID# 08-35 •New vehicle/equipment number assigned _____ •Completed by _____ Date _____
Accounts Payable Section	•Vendor _____ Date Paid _____ •Moved title *(if applicable)* to proper dept. vehicle file _____ •Title Applied For _____ Tag Applied For _____ • Paperwork (if any) attached _____ •Completed by _____ Date _____
Insurance	•Is item insured? _____ •If new, date item was added to insurance _____ •If changed, date insurance company was notified _____ •Completed by _____
Fixed Asset Section	•On F.A. list? _____ If Yes, ID # _____ •Date transferred in F.A. system _____ •Completed by _____
Prepaid Insurance	•Date schedule was updated _____ •Completed by _____

City of Foley

CITY OF FOLEY

PROPERTY FORM

☐ NEW ☐ TRANSFER ☒ DISPOSAL ☐ CHANGE ☐ OUT OF SERVICE

Effective Date: _____ Resolution #: _____
If Property is being Transferred,

Department: POLICE Receiving Department: _____
If Property is to be Disposed,

Means of Disposal: ☒ GOVDEALS ☐ SCRAP ☐ OTHER _____
(If other, describe)

☐ OUT OF SERVICE _____
(Storage location)

If New: ☐ PURCHASED ☐ CONFISCATED ☐ OTHER _____
(If other, describe)

Item Description: 2001 FORD CROWN VIC

VIN/Serial #: 2FAFP71W51X138238 Make: FORD Model: CROWN VIC

City Tag : 36046MU *(If applicable)* Vehicle #: 08-42 *(If applicable)* Mileage: 120233

Departmental Section	•Current Vehicle/equipment ID# 08-42 •New vehicle/equipment number assigned _____ •Completed by _____ Date _____
Accounts Payable Section	•Vendor _____ Date Paid _____ •Moved title *(if applicable)* to proper dept. vehicle file _____ •Title Applied For _____ Tag Applied For _____ • Paperwork (if any) attached _____ •Completed by _____ Date _____
Insurance	•Is item insured? _____ •If new, date item was added to insurance _____ •If changed, date insurance company was notified _____ •Completed by _____
Fixed Asset Section	•On F.A. list? _____ If Yes, ID # _____ •Date transferred in F.A. system _____ •Completed by _____
Prepaid Insurance	•Date schedule was updated _____ •Completed by _____

CITY OF FOLEY

PROPERTY FORM

☐ NEW ☐ TRANSFER ☑ DISPOSAL ☐ CHANGE ☐ OUT OF SERVICE

Effective Date: 09/09/2015 Resolution #: _____

If Property is being Transferred,
Department: Police Department Receiving Department: _____

If Property is to be Disposed,
Means of Disposal: ☑ GOVDEALS ☐ SCRAP ☐ OTHER _____ *(If other, describe)*

☐ OUT OF SERVICE _____ *(Storage location)*

If New: ☐ PURCHASED ☐ CONFISCATED ☐ OTHER _____ *(If other, describe)*

Item Description: 2007 Ford Crown Vic

VIN/Serial #: 2FAFP71W17X152159 Make: Ford Model: Crown Vic

City Tag : 47837MU *(If applicable)* Vehicle #: 08-307 *(If applicable)* Mileage: Unknown

Departmental Section
- Current Vehicle/equipment ID# 08-307
- New vehicle/equipment number assigned NA
- Completed by J. Holcombe Date 9/9/2015

Accounts Payable Section
- Vendor _____ Date Paid _____
- Moved title *(if applicable)* to proper dept. vehicle file ☐
- Title Applied For _____ Tag Applied For _____
- Paperwork (if any) attached _____
- Completed by _____ Date _____

Insurance
- Is item insured? _____
- If new, date item was added to insurance _____
- If changed, date insurance company was notified _____
- Completed by _____

Fixed Asset Section
- On F.A. list? _____ If Yes, ID # _____
- Date transferred in F.A. system _____
- Completed by _____

Prepaid Insurance
- Date schedule was updated _____
- Completed by _____

Updated: 8/20/10

City of Foley

CITY OF FOLEY

PROPERTY FORM

☐ NEW ☐ TRANSFER ☒ DISPOSAL ☐ CHANGE ☐ OUT OF SERVICE

Effective Date: 11-06-2015 Resolution #: _____
If Property is being Transferred,

Department: POLICE Receiving Department: _____
If Property is to be Disposed,

Means of Disposal: ☒ GOVDEALS ☒ SCRAP ☐ OTHER _____
(If other, describe)

☐ OUT OF SERVICE _____
(Storage location)

If New: ☐ PURCHASED ☐ CONFISCATED ☐ OTHER _____
(If other, describe)

Item Description: 2002 FORD CROWN VIC

VIN/Serial #: 2FAFP71W52X130965 Make: FORD Model: CROWN VIC

City Tag : _____ *(If applicable)* Vehicle #: 08-33 *(If applicable)* Mileage: UNKNOWN

Departmental Section

- Current Vehicle/equipment ID# 08-33
- New vehicle/equipment number assigned _____
- Completed by LT. OTIS MILLER Date 11-06-2015

Accounts Payable Section

- Vendor _____ Date Paid _____
- Moved title *(if applicable)* to proper dept. vehicle file _____
- Title Applied For _____ Tag Applied For _____
- Paperwork (if any) attached _____
- Completed by _____ Date _____

Insurance

- Is item insured? _____
- If new, date item was added to insurance _____
- If changed, date insurance company was notified _____
- Completed by _____

Fixed Asset Section

- On F.A. list? _____ If Yes, ID # _____
- Date transferred in F.A. system _____
- Completed by _____

Prepaid Insurance

- Date schedule was updated _____
- Completed by _____