



COPY

CITY OF FOLEY

PROPERTY FORM

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

Effective Date: July 01, 2014 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: 1999 CHEV SUBURBAN

VIN/Serial #: 1GNEC167XY377025 Make: CHEV Model: SUBURBAN

City Tag : _____ Vehicle #: 0811 Mileage: 263616
(If applicable) (If applicable)

Departmental Section

- Current Vehicle/equipment ID# _____
- 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 _____

1. Name of the person or organization to whom the notice is being given: _____
2. Address of the person or organization: _____
3. City and State: _____
4. Date of notice: _____
5. Name of the person or organization giving the notice: _____
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8. Date of notice: _____
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11. City and State: _____
12. Date of notice: _____
13. Name of the person or organization giving the notice: _____
14. Address of the person or organization giving the notice: _____
15. City and State: _____
16. Date of notice: _____
17. Name of the person or organization giving the notice: _____
18. Address of the person or organization giving the notice: _____
19. City and State: _____
20. Date of notice: _____

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PROBATION FORM

OFFICE OF PROBATION

COPY