

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                             |              |                              |                                          |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|------------------------------|------------------------------------------|
| ITEM John Deere Snowblower                                   |                                                                                                                                                                  |                             |              |                              |                                          |
| Asset tag number:                                            | ???                                                                                                                                                              | Building                    | Grounds      | Room #:                      |                                          |
| Serial Number:                                               | M059SBX030239                                                                                                                                                    |                             |              | Model:                       | 59 Snowblower                            |
| Equipment Condition:                                         | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                             |              |                              |                                          |
| Notes:                                                       |                                                                                                                                                                  |                             |              |                              |                                          |
| Recommend Method of Disposal                                 | Donate      Sell      Auction      Trade-in <u>Junk</u>                                                                                                          |                             |              |                              |                                          |
| Print Name:                                                  | Justin                                                                                                                                                           |                             | Date:        | 9/22/26                      |                                          |
|                                                              |                                                                                                                                                                  |                             |              |                              |                                          |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                             |              |                              |                                          |
| Sent to the BOE:                                             | YES <input type="checkbox"/>                                                                                                                                     | NO <input type="checkbox"/> | Approved:    | YES <input type="checkbox"/> | NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |                             |              |                              |                                          |
| Reason for Disposal:                                         |                                                                                                                                                                  |                             |              |                              |                                          |
| Pickup Location:                                             | Print:                                                                                                                                                           |                             | Signature:   |                              |                                          |
| Person who pickup/dispensed of property:                     |                                                                                                                                                                  |                             |              |                              |                                          |
| RELOCATION                                                   |                                                                                                                                                                  |                             |              |                              |                                          |
| Removed from:                                                | Date Relocated:                                                                                                                                                  |                             | Approved By: |                              |                                          |
|                                                              | Building:                                                                                                                                                        |                             | Room:        |                              |                                          |
| Relocated to:                                                | Department:                                                                                                                                                      |                             | Owner:       |                              |                                          |
|                                                              | Building:                                                                                                                                                        |                             | Room:        |                              |                                          |
|                                                              | Department:                                                                                                                                                      |                             | Owner:       |                              |                                          |
|                                                              |                                                                                                                                                                  |                             |              |                              |                                          |
| LOST / STOLEN                                                |                                                                                                                                                                  |                             |              |                              |                                          |
| Date Reported to Fixed Asset Manager:                        |                                                                                                                                                                  |                             |              |                              |                                          |

| BUSINESS OFFICE USE ONLY |  |       |  |
|--------------------------|--|-------|--|
| Received By:             |  | Date: |  |
| Supervisor Signature:    |  | Date: |  |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                                       |                             |              |                                                                       |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|--------------|-----------------------------------------------------------------------|
| ITEM John Deere Snowblower                                   |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| Asset tag number:                                            | 010424                                                                                                                                                           | Building                              | Grounds                     | Room #:      |                                                                       |
| Serial Number:                                               | 1M059SBXJBM070484                                                                                                                                                |                                       |                             | Model:       | 59 Snowblower                                                         |
| Equipment Condition:                                         | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                                       |                             |              |                                                                       |
| Notes:                                                       |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| Recommend Method of Disposal                                 | Donate                                                                                                                                                           | Sell                                  | Auction                     | Trade-in     | <u>Junk</u>                                                           |
| Print Name:                                                  | Justin                                                                                                                                                           |                                       | Date:                       | 9/22/26      |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| Sent to the BOE:                                             |                                                                                                                                                                  | YES <input type="checkbox"/>          | NO <input type="checkbox"/> | Approved:    | YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| Reason for Disposal:                                         |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| Pickup Location:                                             | Print:                                                                                                                                                           |                                       | Signature:                  |              |                                                                       |
| Person who pickup/dispensed of property:                     |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| RELOCATION                                                   | Date Relocated:                                                                                                                                                  |                                       |                             | Approved By: |                                                                       |
| Removed from:                                                | Building:                                                                                                                                                        |                                       |                             | Room:        |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       |                             | Owner:       |                                                                       |
| Relocated to:                                                | Building:                                                                                                                                                        |                                       |                             | Room:        |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       |                             | Owner:       |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |              |                                                                       |
| LOST / STOLEN                                                |                                                                                                                                                                  | Date Reported to Fixed Asset Manager: |                             |              |                                                                       |

| BUSINESS OFFICE USE ONLY |  |       |  |
|--------------------------|--|-------|--|
| Received By:             |  | Date: |  |
| Supervisor Signature:    |  | Date: |  |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                              |                             |           |                                                                       |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------|-----------------------------------------------------------------------|
| ITEM Jacobsen Mower                                          |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Asset tag number:                                            | 01414                                                                                                                                                            | Building                     | Grounds                     | Room #:   |                                                                       |
| Serial Number:                                               | 1G9953100                                                                                                                                                        |                              |                             | Model:    | Turfcut 628D                                                          |
| Equipment Condition:                                         | <input type="checkbox"/> Broken/Past Useful Life Cycle <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                              |                             |           |                                                                       |
| Notes:                                                       |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Recommend Method of Disposal                                 | Donate                                                                                                                                                           | Sell                         | Auction                     | Trade-in  | Junk                                                                  |
| Print Name:                                                  | Justin                                                                                                                                                           |                              | Date:                       | 9/22/26   |                                                                       |
|                                                              |                                                                                                                                                                  |                              |                             |           |                                                                       |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Sent to the BOE:                                             |                                                                                                                                                                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Approved: | YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Reason for Disposal:                                         |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Pickup Location:                                             | Print:                                                                                                                                                           |                              | Signature:                  |           |                                                                       |
| Person who pickup/dispensed of property:                     |                                                                                                                                                                  |                              |                             |           |                                                                       |
| RELOCATION                                                   |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Removed from:                                                | Date Relocated:                                                                                                                                                  |                              | Approved By:                |           |                                                                       |
|                                                              | Building:                                                                                                                                                        |                              | Room:                       |           |                                                                       |
| Relocated to:                                                | Department:                                                                                                                                                      |                              | Owner:                      |           |                                                                       |
|                                                              | Building:                                                                                                                                                        |                              | Room:                       |           |                                                                       |
|                                                              | Department:                                                                                                                                                      |                              | Owner:                      |           |                                                                       |
|                                                              |                                                                                                                                                                  |                              |                             |           |                                                                       |
| LOST / STOLEN                                                |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Date Reported to Fixed Asset Manager:                        |                                                                                                                                                                  |                              |                             |           |                                                                       |

#### BUSINESS OFFICE USE ONLY

Received By:

Date:

Supervisor Signature:

Date:

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                             |                |                              |                             |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|------------------------------|-----------------------------|
| ITEM Micro Rain Water Cannon                                 |                                                                                                                                                                  |                             |                |                              |                             |
| Asset tag number:                                            | 001396                                                                                                                                                           | Building                    | Grounds        | Room #:                      |                             |
| Serial Number:                                               | 03020393                                                                                                                                                         |                             |                | Model:                       | MR-4c                       |
| Equipment Condition:                                         | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                             |                |                              |                             |
| Notes:                                                       |                                                                                                                                                                  |                             |                |                              |                             |
| Recommend Method of Disposal                                 | Donate                                                                                                                                                           | Sell                        | <u>Auction</u> | Trade-in                     | Junk                        |
| Print Name:                                                  | Justin                                                                                                                                                           |                             | Date:          | 9/22/26                      |                             |
|                                                              |                                                                                                                                                                  |                             |                |                              |                             |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                             |                |                              |                             |
| Sent to the BOE:                                             | YES <input type="checkbox"/>                                                                                                                                     | NO <input type="checkbox"/> | Approved:      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|                                                              |                                                                                                                                                                  |                             | Resolution #   |                              |                             |
| DISPOSAL                                                     |                                                                                                                                                                  |                             |                |                              |                             |
| Reason for Disposal:                                         |                                                                                                                                                                  |                             |                |                              |                             |
| Pickup Location:                                             | Print:                                                                                                                                                           |                             | Signature:     |                              |                             |
| Person who pickup/dropped of property:                       |                                                                                                                                                                  |                             |                |                              |                             |
| RELOCATION                                                   | Date Relocated:                                                                                                                                                  |                             | Approved By:   |                              |                             |
| Removed from:                                                | Building:                                                                                                                                                        |                             | Room:          |                              |                             |
|                                                              | Department:                                                                                                                                                      |                             | Owner:         |                              |                             |
| Relocated to:                                                | Building:                                                                                                                                                        |                             | Room:          |                              |                             |
|                                                              | Department:                                                                                                                                                      |                             | Owner:         |                              |                             |
|                                                              |                                                                                                                                                                  |                             |                |                              |                             |
| LOST / STOLEN                                                | Date Reported to Fixed Asset Manager:                                                                                                                            |                             |                |                              |                             |

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Received By:

Date:

Supervisor Signature:

Date:

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                                       |                             |           |                                                                       |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------|-----------------------------------------------------------------------|
| ITEM Micro Rain Water Cannon                                 |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Asset tag number:                                            | 01409                                                                                                                                                            | Building                              | Grounds                     | Room #:   |                                                                       |
| Serial Number:                                               | 03020440                                                                                                                                                         |                                       |                             | Model:    | MR-4c                                                                 |
| Equipment Condition:                                         | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                                       |                             |           |                                                                       |
| Notes:                                                       |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Recommend Method of Disposal                                 | Donate                                                                                                                                                           | Sell                                  | <u>Auction</u>              | Trade-in  | Junk                                                                  |
| Print Name:                                                  | Justin                                                                                                                                                           |                                       | Date:                       | 9/22/26   |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Sent to the BOE:                                             |                                                                                                                                                                  | YES <input type="checkbox"/>          | NO <input type="checkbox"/> | Approved: | YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Reason for Disposal:                                         |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Pickup Location:                                             | Print:                                                                                                                                                           | Signature:                            |                             |           |                                                                       |
| Person who pickup/disposed of property:                      |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| RELOCATION                                                   | Date Relocated:                                                                                                                                                  |                                       | Approved By:                |           |                                                                       |
| Removed from:                                                | Building:                                                                                                                                                        |                                       | Room:                       |           |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       | Owner:                      |           |                                                                       |
| Relocated to:                                                | Building:                                                                                                                                                        |                                       | Room:                       |           |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       | Owner:                      |           |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| LOST / STOLEN                                                |                                                                                                                                                                  | Date Reported to Fixed Asset Manager: |                             |           |                                                                       |

#### BUSINESS OFFICE USE ONLY

|                       |  |       |  |
|-----------------------|--|-------|--|
| Received By:          |  | Date: |  |
| Supervisor Signature: |  | Date: |  |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                                         |                                                                                                                                                                  |                                                                    |              |              |         |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------|--------------|---------|
| ITEM Toro Workman                                                         |                                                                                                                                                                  |                                                                    |              |              |         |
| Asset tag number:                                                         | 003432                                                                                                                                                           | Building                                                           | Grounds      | Room #:      |         |
| Serial Number:                                                            | 07253220000392                                                                                                                                                   |                                                                    |              | Model:       | Workman |
| Equipment Condition:                                                      | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                                                                    |              |              |         |
| Notes:                                                                    |                                                                                                                                                                  |                                                                    |              |              |         |
| Recommend Method of Disposal                                              | Donate                                                                                                                                                           | Sell                                                               | Auction      | Trade-in     | Junk    |
| Print Name:                                                               | Justin                                                                                                                                                           |                                                                    | Date:        | 9/22/26      |         |
|                                                                           |                                                                                                                                                                  |                                                                    |              |              |         |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS)              |                                                                                                                                                                  |                                                                    |              |              |         |
| Sent to the BOE: YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                                                                                                                  | Approved: YES <input type="checkbox"/> NO <input type="checkbox"/> |              | Resolution # |         |
| DISPOSAL                                                                  |                                                                                                                                                                  |                                                                    |              |              |         |
| Reason for Disposal:                                                      |                                                                                                                                                                  |                                                                    |              |              |         |
| Pickup Location:                                                          | Print:                                                                                                                                                           |                                                                    | Signature:   |              |         |
| Person who pickup/dispensed of property:                                  |                                                                                                                                                                  |                                                                    |              |              |         |
| RELOCATION                                                                | Date Relocated:                                                                                                                                                  |                                                                    | Approved By: |              |         |
| Removed from:                                                             | Building:                                                                                                                                                        |                                                                    | Room:        |              |         |
|                                                                           | Department:                                                                                                                                                      |                                                                    | Owner:       |              |         |
| Relocated to:                                                             | Building:                                                                                                                                                        |                                                                    | Room:        |              |         |
|                                                                           | Department:                                                                                                                                                      |                                                                    | Owner:       |              |         |
|                                                                           |                                                                                                                                                                  |                                                                    |              |              |         |
| LOST / STOLEN                                                             |                                                                                                                                                                  | Date Reported to Fixed Asset Manager:                              |              |              |         |
| BUSINESS OFFICE USE ONLY                                                  |                                                                                                                                                                  |                                                                    |              |              |         |
| Received By:                                                              |                                                                                                                                                                  |                                                                    |              | Date:        |         |
| Supervisor Signature:                                                     |                                                                                                                                                                  |                                                                    |              | Date:        |         |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                                       |                             |           |                                                                       |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------|-----------------------------------------------------------------------|
| ITEM International Dura Star Dump/plow/salt truck            |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Asset tag number:                                            | 5431                                                                                                                                                             | Building                              | Grounds                     | Room #:   |                                                                       |
| Serial Number:                                               | 1HTMMAAN8CH677912 ✓                                                                                                                                              |                                       |                             | Model:    | Dura Star                                                             |
| Equipment Condition:                                         | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                                       |                             |           |                                                                       |
| Notes:                                                       |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Recommend Method of Disposal                                 | Donate                                                                                                                                                           | Sell                                  | Auction                     | Trade-in  | Junk                                                                  |
| Print Name:                                                  | Justin                                                                                                                                                           |                                       | Date:                       | 9/16/26   |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Sent to the BOE:                                             |                                                                                                                                                                  | YES <input type="checkbox"/>          | NO <input type="checkbox"/> | Approved: | YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Reason for Disposal:                                         |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Pickup Location:                                             | Print:                                                                                                                                                           | Signature:                            |                             |           |                                                                       |
| Person who pickup/disposed of property:                      |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| RELOCATION                                                   | Date Relocated:                                                                                                                                                  |                                       | Approved By:                |           |                                                                       |
| Removed from:                                                | Building:                                                                                                                                                        |                                       | Room:                       |           |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       | Owner:                      |           |                                                                       |
| Relocated to:                                                | Building:                                                                                                                                                        |                                       | Room:                       |           |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       | Owner:                      |           |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| LOST / STOLEN                                                |                                                                                                                                                                  | Date Reported to Fixed Asset Manager: |                             |           |                                                                       |

#### BUSINESS OFFICE USE ONLY

Received By:

Date:

Supervisor Signature:

Date:

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

M-18

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                                       |                             |           |                                                                       |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------|-----------------------------------------------------------------------|
| ITEM Ford F-250 Plow/Utility Truck                           |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Asset tag number:                                            | 4975                                                                                                                                                             | Building                              | Maintenance                 | Room #:   |                                                                       |
| Serial Number:                                               | 1FTBF2B6XFEC81921 ✓                                                                                                                                              |                                       |                             | Model:    | F-250                                                                 |
| Equipment Condition:                                         | <input type="checkbox"/> Broken/Past Useful Life Cycle <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                                       |                             |           |                                                                       |
| Notes:                                                       |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Recommend Method of Disposal                                 | Donate      Sell      Auction <u>Trade-in</u> Junk                                                                                                               |                                       |                             |           |                                                                       |
| Print Name:                                                  | Justin                                                                                                                                                           |                                       | Date:                       | 9/16/26   |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Sent to the BOE:                                             |                                                                                                                                                                  | YES <input type="checkbox"/>          | NO <input type="checkbox"/> | Approved: | YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Reason for Disposal:                                         |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Pickup Location:                                             | Print:                                                                                                                                                           |                                       | Signature:                  |           |                                                                       |
| Person who pickup/dropped of property:                       |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| RELOCATION                                                   | Date Relocated:                                                                                                                                                  |                                       | Approved By:                |           |                                                                       |
| Removed from:                                                | Building:                                                                                                                                                        |                                       | Room:                       |           |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       | Owner:                      |           |                                                                       |
| Relocated to:                                                | Building:                                                                                                                                                        |                                       | Room:                       |           |                                                                       |
|                                                              | Department:                                                                                                                                                      |                                       | Owner:                      |           |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| LOST / STOLEN                                                |                                                                                                                                                                  | Date Reported to Fixed Asset Manager: |                             |           |                                                                       |
|                                                              |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| BUSINESS OFFICE USE ONLY                                     |                                                                                                                                                                  |                                       |                             |           |                                                                       |
| Received By:                                                 |                                                                                                                                                                  |                                       | Date:                       |           |                                                                       |
| Supervisor Signature:                                        |                                                                                                                                                                  |                                       | Date:                       |           |                                                                       |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

B2

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                             |              |                              |                             |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| ITEM Ford Transit Van                                        |                                                                                                                                                                  |                             |              |                              |                             |
| Asset tag number:                                            | 5666                                                                                                                                                             | Building                    | Maintenance  | Room #:                      |                             |
| Serial Number:                                               | 1FTYR1CM5GKB06990 ✓                                                                                                                                              |                             |              | Model:                       | Transit                     |
| Equipment Condition:                                         | <input type="checkbox"/> Broken/Past Useful Life Cycle <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                             |              |                              |                             |
| Notes:                                                       |                                                                                                                                                                  |                             |              |                              |                             |
| Recommend Method of Disposal                                 | Donate      Sell      Auction <u>Trade-in</u> Junk                                                                                                               |                             |              |                              |                             |
| Print Name:                                                  | Justin                                                                                                                                                           |                             | Date:        | 9/16/26                      |                             |
|                                                              |                                                                                                                                                                  |                             |              |                              |                             |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                             |              |                              |                             |
| Sent to the BOE:                                             | YES <input type="checkbox"/>                                                                                                                                     | NO <input type="checkbox"/> | Approved:    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
|                                                              |                                                                                                                                                                  |                             | Resolution # |                              |                             |
| DISPOSAL                                                     |                                                                                                                                                                  |                             |              |                              |                             |
| Reason for Disposal:                                         |                                                                                                                                                                  |                             |              |                              |                             |
| Pickup Location:                                             | Print:                                                                                                                                                           |                             | Signature:   |                              |                             |
| Person who pickup/disposed of property:                      |                                                                                                                                                                  |                             |              |                              |                             |
| RELOCATION                                                   |                                                                                                                                                                  |                             |              |                              |                             |
| Removed from:                                                | Date Relocated:                                                                                                                                                  |                             | Approved By: |                              |                             |
|                                                              | Building:                                                                                                                                                        |                             | Room:        |                              |                             |
| Relocated to:                                                | Department:                                                                                                                                                      |                             | Owner:       |                              |                             |
|                                                              | Building:                                                                                                                                                        |                             | Room:        |                              |                             |
|                                                              | Department:                                                                                                                                                      |                             | Owner:       |                              |                             |
|                                                              |                                                                                                                                                                  |                             |              |                              |                             |
| LOST / STOLEN                                                |                                                                                                                                                                  |                             |              |                              |                             |
| Date Reported to Fixed Asset Manager:                        |                                                                                                                                                                  |                             |              |                              |                             |
| BUSINESS OFFICE USE ONLY                                     |                                                                                                                                                                  |                             |              |                              |                             |
| Received By:                                                 |                                                                                                                                                                  |                             |              | Date:                        |                             |
| Supervisor Signature:                                        |                                                                                                                                                                  |                             |              | Date:                        |                             |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

BM-13

| SECTION I PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                              |                             |                                                                                 |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------------------------------------------|
| ITEM Ford Transit Van                                        |                                                                                                                                                                  |                              |                             |                                                                                 |
| Asset tag number:                                            | 5665                                                                                                                                                             | Building                     | Maintenance                 | Room #:                                                                         |
| Serial Number:                                               | 1FTYR1CM9GKB06989 ✓                                                                                                                                              |                              | Model:                      | Transit                                                                         |
| Equipment Condition:                                         | <input type="checkbox"/> Broken/Past Useful Life Cycle <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                              |                             |                                                                                 |
| Notes:                                                       |                                                                                                                                                                  |                              |                             |                                                                                 |
| Recommend Method of Disposal                                 | Donate      Sell      Auction <u>Trade-in</u> Junk                                                                                                               |                              |                             |                                                                                 |
| Print Name:                                                  | Justin                                                                                                                                                           |                              | Date:                       | 9/16/26                                                                         |
|                                                              |                                                                                                                                                                  |                              |                             |                                                                                 |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                              |                             |                                                                                 |
| Sent to the BOE:                                             |                                                                                                                                                                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Approved: YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| <b>DISPOSAL</b>                                              |                                                                                                                                                                  |                              |                             |                                                                                 |
| Reason for Disposal:                                         |                                                                                                                                                                  |                              |                             |                                                                                 |
| Pickup Location:                                             | Print:                                                                                                                                                           |                              | Signature:                  |                                                                                 |
| Person who pickup/disposed of property:                      |                                                                                                                                                                  |                              |                             |                                                                                 |
| <b>RELOCATION</b>                                            | Date Relocated:                                                                                                                                                  |                              | Approved By:                |                                                                                 |
| Removed from:                                                | Building:                                                                                                                                                        |                              | Room:                       |                                                                                 |
|                                                              | Department:                                                                                                                                                      |                              | Owner:                      |                                                                                 |
| Relocated to:                                                | Building:                                                                                                                                                        |                              | Room:                       |                                                                                 |
|                                                              | Department:                                                                                                                                                      |                              | Owner:                      |                                                                                 |
|                                                              |                                                                                                                                                                  |                              |                             |                                                                                 |
| <b>LOST / STOLEN</b>                                         | Date Reported to Fixed Asset Manager:                                                                                                                            |                              |                             |                                                                                 |
| <b>BUSINESS OFFICE USE ONLY</b>                              |                                                                                                                                                                  |                              |                             |                                                                                 |
| Received By:                                                 |                                                                                                                                                                  | Date:                        |                             |                                                                                 |
| Supervisor Signature:                                        |                                                                                                                                                                  | Date:                        |                             |                                                                                 |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

Bm-14

| SECTION 1 PROPERTY IDENTIFICATION                            |                                                                                                                                                                  |                             |              |                              |                                          |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|------------------------------|------------------------------------------|
| ITEM Ford F-250 Truck                                        |                                                                                                                                                                  |                             |              |                              |                                          |
| Asset tag number:                                            | 5664                                                                                                                                                             | Building                    | Maintenance  | Room #:                      |                                          |
| Serial Number:                                               | 1FTBF2B61GEC74292 ✓                                                                                                                                              |                             |              | Model:                       | F-250                                    |
| Equipment Condition:                                         | <input type="checkbox"/> Broken/Past Useful Life Cycle <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                             |              |                              |                                          |
| Notes:                                                       |                                                                                                                                                                  |                             |              |                              |                                          |
| Recommend Method of Disposal                                 | Donate                                                                                                                                                           | Sell                        | Auction      | Trade-in                     | Junk                                     |
| Print Name:                                                  | Justin                                                                                                                                                           |                             | Date:        | 9/16/26                      |                                          |
|                                                              |                                                                                                                                                                  |                             |              |                              |                                          |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS) |                                                                                                                                                                  |                             |              |                              |                                          |
| Sent to the BOE:                                             | YES <input type="checkbox"/>                                                                                                                                     | NO <input type="checkbox"/> | Approved:    | YES <input type="checkbox"/> | NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                     |                                                                                                                                                                  |                             |              |                              |                                          |
| Reason for Disposal:                                         |                                                                                                                                                                  |                             |              |                              |                                          |
| Pickup Location:                                             | Print:                                                                                                                                                           |                             | Signature:   |                              |                                          |
| Person who pickup/disposed of property:                      |                                                                                                                                                                  |                             |              |                              |                                          |
| RELOCATION                                                   |                                                                                                                                                                  |                             |              |                              |                                          |
| Removed from:                                                | Date Relocated:                                                                                                                                                  |                             | Approved By: |                              |                                          |
|                                                              | Building:                                                                                                                                                        |                             | Room:        |                              |                                          |
| Relocated to:                                                | Department:                                                                                                                                                      |                             | Owner:       |                              |                                          |
|                                                              | Building:                                                                                                                                                        |                             | Room:        |                              |                                          |
|                                                              | Department:                                                                                                                                                      |                             | Owner:       |                              |                                          |
|                                                              |                                                                                                                                                                  |                             |              |                              |                                          |
| LOST / STOLEN                                                |                                                                                                                                                                  |                             |              |                              |                                          |
| Date Reported to Fixed Asset Manager:                        |                                                                                                                                                                  |                             |              |                              |                                          |
| BUSINESS OFFICE USE ONLY                                     |                                                                                                                                                                  |                             |              |                              |                                          |
| Received By:                                                 |                                                                                                                                                                  |                             |              | Date:                        |                                          |
| Supervisor Signature:                                        |                                                                                                                                                                  |                             |              | Date:                        |                                          |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. Use a separate form for each item. Return completed form to the Business Office (Attn: Mary Schallehn).

| PROPERTY IDENTIFICATION |                                                                                                                                                                                                     |        |                           |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------|
| Item Description:       | School Lunch Equipment                                                                                                                                                                              |        | Today's Date: 9/14/24     |
| Manufacturer:           |                                                                                                                                                                                                     |        | Model:                    |
| Serial/Service Tag #:   |                                                                                                                                                                                                     | Notes: | Please see Attached Sheet |
| Equipment Condition:    | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent<br><input type="checkbox"/> Other: |        |                           |
| Fixed Asset Tag #:      |                                                                                                                                                                                                     |        |                           |

| PROPERTY STATUS (Disposed, Relocated, Lost or Stolen) |                                       |  |              |
|-------------------------------------------------------|---------------------------------------|--|--------------|
|                                                       |                                       |  |              |
| DISPOSAL                                              | Date of Disposal:                     |  | Approved By: |
| Reason for Disposal:                                  |                                       |  |              |
| Pickup Location:                                      |                                       |  |              |
|                                                       |                                       |  |              |
| RELOCATION                                            | Date Relocated:                       |  | Approved By: |
| Removed from:                                         | Building:                             |  | Room:        |
|                                                       | Department:                           |  | Owner:       |
| Relocated to:                                         | Building:                             |  | Room:        |
|                                                       | Department:                           |  | Owner:       |
|                                                       |                                       |  |              |
| LOST / STOLEN                                         | Date Reported to Fixed Asset Manager: |  |              |

| BUSINESS OFFICE USE ONLY |  |       |  |
|--------------------------|--|-------|--|
| Received By:             |  | Date: |  |
| Supervisor Signature:    |  | Date: |  |

# School Lunch Property & Equipment Disposition Form

| Tag #   | Item Description | Location | Reason                                                    |
|---------|------------------|----------|-----------------------------------------------------------|
| 006799  | Panini Machine   | WR       | Has been in storage for years/unsure of working condition |
| 000138  | Slicer           | WR       | Not Repairable                                            |
| ✓000717 | Tilt Skillet     | HS       | Works - would like to replace it with flat top from WR    |
| ✓000704 | Proofer          | HS       | Has not been used in 10+years - not repairable            |
| 003097  | Chilli Blaster   | HS       | Has not been used in 10+years                             |
| ✓000726 | Garbage Disposal | HS       | Has not worked in 25+years                                |

no tags - miscellaneous pieces of equipment that are either broken or not used

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                                                           |                                                                                                                                                                  |                              |                             |           |                                                                       |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------|-----------------------------------------------------------------------|
| ITEM Principal's secretary desk, AP secretary desk, Original main office receptionist desk. |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Asset tag number:                                                                           | 003198/1784/1779<br>No other tags seen                                                                                                                           | Building                     | High School                 | Room #:   | Main Office                                                           |
| Serial Number:                                                                              |                                                                                                                                                                  |                              |                             | Model:    |                                                                       |
| Equipment Condition:                                                                        | <input type="checkbox"/> Broken/Past Useful Life Cycle <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                              |                             |           |                                                                       |
| Notes:                                                                                      | multiple * These are Main Office Desks and Ap Office Desk                                                                                                        |                              |                             |           |                                                                       |
| Recommend Method of Disposal                                                                | Donate      Sell      Auction      Trade-in <u>Junk</u>                                                                                                          |                              |                             |           |                                                                       |
| Print Name: PerriAnne Rule                                                                  |                                                                                                                                                                  |                              | Date: September 28, 2026    |           |                                                                       |
|                                                                                             |                                                                                                                                                                  |                              |                             |           |                                                                       |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS)                                |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Sent to the BOE:                                                                            |                                                                                                                                                                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Approved: | YES <input type="checkbox"/> NO <input type="checkbox"/> Resolution # |
| DISPOSAL                                                                                    |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Reason for Disposal:                                                                        |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Pickup Location:                                                                            | Print:                                                                                                                                                           | Signature:                   |                             |           |                                                                       |
| Person who pickup/disposed of property:                                                     |                                                                                                                                                                  |                              |                             |           |                                                                       |
| RELOCATION                                                                                  | Date Relocated:                                                                                                                                                  |                              | Approved By:                |           |                                                                       |
| Removed from:                                                                               | Building:                                                                                                                                                        |                              | Room:                       |           |                                                                       |
|                                                                                             | Department:                                                                                                                                                      |                              | Owner:                      |           |                                                                       |
| Relocated to:                                                                               | Building:                                                                                                                                                        |                              | Room:                       |           |                                                                       |
|                                                                                             | Department:                                                                                                                                                      |                              | Owner:                      |           |                                                                       |
|                                                                                             |                                                                                                                                                                  |                              |                             |           |                                                                       |
| LOST / STOLEN                                                                               | Date Reported to Fixed Asset Manager:                                                                                                                            |                              |                             |           |                                                                       |
|                                                                                             |                                                                                                                                                                  |                              |                             |           |                                                                       |
| BUSINESS OFFICE USE ONLY                                                                    |                                                                                                                                                                  |                              |                             |           |                                                                       |
| Received By:                                                                                |                                                                                                                                                                  |                              |                             | Date:     |                                                                       |
| Supervisor Signature:                                                                       |                                                                                                                                                                  |                              |                             | Date:     |                                                                       |

### Property & Equipment Disposition Form

**Instructions:** Use this form to record lost, relocated, stolen or any disposed property or equipment. attach a spreadsheet listing the items. Return completed form to the Business Office – Attn: Fixed Asset Manager.

| SECTION 1 PROPERTY IDENTIFICATION                                         |                                                                                                                                                                  |                         |  |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| ITEM <u>Martin Yale 1711 Folding Machine</u>                              |                                                                                                                                                                  |                         |  |
| Asset tag number: <u>✓005919</u>                                          | Building: <u>High School</u>                                                                                                                                     | Room #: <u>Guidance</u> |  |
| Serial Number: <u>701304-01123-020</u>                                    | Model: <u>1711</u>                                                                                                                                               |                         |  |
| Equipment Condition:                                                      | <input checked="" type="checkbox"/> Broken/Past Useful Life Cycle <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent |                         |  |
| Notes:                                                                    | <u>Does not work. To old to fix - was told this by a representative @ Martin Yale Retailer.</u>                                                                  |                         |  |
| Recommend Method of Disposal                                              | Donate    Sell    Auction    Trade-in <u>Junk</u>                                                                                                                |                         |  |
| Print Name: <u>Patti Parker</u>                                           | Date: <u>9-25-26</u>                                                                                                                                             |                         |  |
| SECTION II PROPERTY STATUS (TO BE COMPLETED BY FIXED ASSETS)              |                                                                                                                                                                  |                         |  |
| Sent to the BOE: YES <input type="checkbox"/> NO <input type="checkbox"/> | Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                               | Resolution #            |  |
| <b>DISPOSAL</b>                                                           |                                                                                                                                                                  |                         |  |
| Reason for Disposal:                                                      |                                                                                                                                                                  |                         |  |
| Pickup Location:                                                          | Print:                                                                                                                                                           | Signature:              |  |
| Person who pickup/dispensed of property:                                  |                                                                                                                                                                  |                         |  |
| <b>RELOCATION</b>                                                         | Date Relocated:                                                                                                                                                  | Approved By:            |  |
| Removed from:                                                             | Building:                                                                                                                                                        | Room:                   |  |
|                                                                           | Department:                                                                                                                                                      | Owner:                  |  |
| Relocated to:                                                             | Building:                                                                                                                                                        | Room:                   |  |
|                                                                           | Department:                                                                                                                                                      | Owner:                  |  |
| <b>LOST / STOLEN</b>                                                      | Date Reported to Fixed Asset Manager:                                                                                                                            |                         |  |

#### BUSINESS OFFICE USE ONLY

Received By:

Date:

Supervisor Signature:

Date: