

Surplus Property Affidavit of Disposal

Disposal Authorization #: _____ Disposal Authorization Date: _____

Facility/Unit Name: _____

Location Address: _____

City: _____, GA Zip: _____

Destruction Affidavit

I, _____ do hereby certify that, on the date shown below, the property listed on Disposal Authorization # _____:

- (Check only one) was rendered totally unserviceable by destruction
 was removed for destruction/disposal by:

Company

Signature

Signed this _____ day of _____, _____ in _____ County, GA

Signature

Print Name

Title

Witness Affidavit

I, _____ do hereby certify that, on the date shown below, I witnessed the destruction or removal of the property listed on Disposal Authorization # _____.

Signed this _____ day of _____, _____ in _____ County, GA

Signature

Print Name

Title