State of New Jersey Surplus Computer Donation Program Computer Equipment Request Form

INSTRUCTION: This form must be signed by either the Chief Executive, Head Administrative or Financial Official, Principal, Chairman or President of the organization requesting surplus computer equipment. Mail this form to the following address: Distribution and Support Services, Surplus Property Unit, Attn: Surplus Computer Donation Program, P.O. Box 234, Trenton, NJ 08625-0234. Hand delivered or telefaxed forms will not be accepted.

Organization:		Address:	Address:		
City-State-ZIP:		Telephone:	Telephone:		
Type Organizati	on Local Government School	ol □ Charitable/Non-	Profit		
	n requests computer equipment available of	able under Posting Number	with a		
Typed Name and Title of Authorizing Official		Signature			
		and/ors for Results Notification			
STATE USE O	NLY Registration For	rm On File:			
Date/Time Requ	est Received:	Order of Rece	Order of Receipt:		
Initial Status:	Request Satisfied Request N	Not Satisfied			
Date/Time Org.	Notified of Initial Status:	Org. Response:	Still Interested	_Not Interested	
ITEM#	DESCRIPTION	RECEIVED BY	SIGNATURE	DATE	
Notes/Comment	s:				

Form CDP-02 (rev. 1/07)