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NEW YORK STATE OFFICE OF GENERAL SERVICES SURPLUS PERSONAL PROPERTY DISPOSITION BLDG. 18, SUITE 102 THE GOV. W. AVERELL HARRIMAN STATE OFFICE BUILDING CAMPUS ALBANY, NY 12226

## REPORT OF SURPLUS PERSONAL PROPERTY

Fixed Asset Number

|  |   | _     |                      |                  |                    |          |                     |  |  |
|--|---|-------|----------------------|------------------|--------------------|----------|---------------------|--|--|
| NAME AND ADDRESS OF REPORTING AGENCY   |   |       | LOCATION OF PROPERTY |                  |                    |          |                     |  |  |
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| THE DEDOOR   | IAL PROPERTY LISTED BELOW IS NO LONGER REQUIRED BY  |       |                      |                  |                    |          |                     |  |  |
| THE PERSONAL PROPERTY LISTED BELOW IS NO LONGER REQUIRED BY THIS AGENCY AND THE AGENCY DECLARES, WITH RELATION TO ENVIRONMENTAL CONSERVATION LAW, ARTICLE 27 AND 6NYCRR PART |   |       |                      |                  |                    |          |                     |  |  |
| 371, THAT S  | UCH LISTED PROPERTY IS NOT, AND DOES NOT CONTAIN, WASTE, PESTICIDES, OR RADIOACTIVE MATERIALS.  |       |                      |                  |                    |          |                     |  |  |
| HAZARDOUS  | WASTE, FESTICIDES, ON NADIOACTIVE MATERIALS.  |       | Con                  | tact:            |                    |          |                     |  |  |
|  |   |       |                      |                  |                    |          |                     |  |  |
| Authorized Signature:  |   |       |                      | Phone No.:       |                    |          |                     |  |  |
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| ITEM#  | DESCRIPTION   |       |                      | # OF UNITS       | CONDITIO           | N        | FOR OGS USE<br>ONLY |  |  |
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| PRINTED N  | AME (First, MI, Last)   | TLE   |                      |                  | TI                 | ELEPHO   | ONE NUMBER          |  |  |
|  | TION SECURITY CERTIFICATION: The undersigned a  |       |                      |                  |                    |          |                     |  |  |
|  | or disposal and/or interagency transfer by erasing all da<br>ve(s) have been forensically wiped | ta in | n a ma               | inner that ensur | es it cannot be    | retrieve | ed. For example:    |  |  |
| <ul> <li>All removable media (e.g., diskettes, tapes) have been removed</li> </ul>   |   |       |                      |                  |                    |          |                     |  |  |
| Cell phones and PDAs have been reset   |   |       |                      |                  |                    |          |                     |  |  |
| SIGNATURE: DATE:  NOTE: SHOULD THE DISPOSAL OF THIS EQUIPMENT REQUIRE ANY SPECIAL ACTION OR HANDLING, PLEASE EXPLAIN. Funds from which item(s) prices.                       |   |       |                      |                  | com subjet item/cl |          |                     |  |  |
| NOTE: SHOULD THE DISPOSAL OF THIS EQUIPMENT REQUIRE ANY SPECIAL ACTION OR HANDLING, PLEASE EXPLAIN.  Funds from which item(s) purchased                                      |   |       |                      |                  |                    |          |                     |  |  |