



City of Madison, Alabama

Capital Assets Disposal Form

Section 1

Capital Assets Tag No. _____
(Existing Assets Number)

Section 2

Date: 01/29/2024 Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05288 New: Used:

Location: Special Ops - SWAT Vendor Name: _____

Asset Class: _____ Activity Code: _____ Fund: _____ Acct. No.: _____

Date Item Acquired: _____ Cost or Donated Value: _____

Enhancements: _____

The original form must be submitted to the City Clerk-Treasurer's Department for the disposition of assets. Items requested for disposition will be submitted to the City Council for approval. The City Clerk-Treasurer will notify the department head of the disposition method and submit a copy of approved disposition to the Finance Department.

Johnny J. Hand 01/29/2024
 Signature: (Department Head or Designee) Date:

***** TO BE COMPLETED BY CITY CLERK *****

(Below this line)

Section 3

DISPOSITION METHOD: Surplus Sale: _____ Other: _____

APPROVAL OF DISPOSITION METHOD:

Approved by Resolution #: _____ Date: _____

Minutes #: _____

SOLD TO: _____ Proceeds: _____
 Address: _____

 _____ Date: _____

 Signature, City Clerk-Treasurer Date

COMMENTS: _____

COPY: Requesting Dept. Finance Dept.



City of Madison, Alabama

Capital Assets Disposal Form

Section 1

Capital Assets Tag No. _____

(Existing Assets Number)

Section 2

Date: 01/29/2024

Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05287

New:

Used:

Location: Special Ops - SWAT

Vendor Name: _____

Asset Class: _____

Activity Code: _____

Fund: _____

Acct. No.: _____

Date Item Acquired: _____

Cost or Donated Value: _____

Enhancements: _____

The original form must be submitted to the City Clerk-Treasurer's Department for the disposition of assets. Items requested for disposition will be submitted to the City Council for approval. The City Clerk-Treasurer will notify the department head of the disposition method and submit a copy of approved disposition to the Finance Department.

Signature: (Department Head or Designee)

01/29/2024

Date:

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(Below this line)

Section 3

DISPOSITION METHOD:

Surplus Sale: _____

Other: _____

APPROVAL OF DISPOSITION METHOD:

Approved by Resolution #: _____

Date: _____

Minutes #: _____

SOLD TO:

Address: _____

Proceeds: _____

Date: _____

Signature, City Clerk-Treasurer

Date

COMMENTS: _____

COPY: Requesting Dept.

Finance Dept.



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Capital Assets Disposal Form

Section 1

Capital Assets Tag No. _____
(Existing Assets Number)

Section 2

Date: 01/29/2024 Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05303 New: Used:

Location: Special Ops - SWAT Vendor Name: _____

Asset Class: _____ Activity Code: _____ Fund: _____ Acct. No.: _____

Date Item Acquired: _____ Cost or Donated Value: _____

Enhancements: _____

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John J. Hays
Signature: (Department Head or Designee)

01/29/2024
Date:

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(Below this line)

Section 3

DISPOSITION METHOD: Surplus Sale: _____ Other: _____

APPROVAL OF DISPOSITION METHOD:

Approved by Resolution #: _____ Date: _____

Minutes #: _____

SOLD TO: _____ Proceeds: _____

Address: _____

Date: _____

Signature, City Clerk-Treasurer

Date

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Finance Dept.



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Capital Assets Disposal Form

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Capital Assets Tag No. _____

(Existing Assets Number)

Section 2

Date: 01/29/2024

Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05461

New:

Used:

Location: Special Ops - SWAT

Vendor Name: _____

Asset Class: _____

Activity Code: _____

Fund: _____

Acct. No.: _____

Date Item Acquired: _____

Cost or Donated Value: _____

Enhancements: _____

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Signature: (Department Head or Designee)

01/29/2024

Date:

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Section 3

DISPOSITION METHOD:

Surplus Sale: _____

Other: _____

APPROVAL OF DISPOSITION METHOD:

Approved by Resolution #: _____

Date: _____

Minutes #: _____

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Address: _____

Proceeds: _____

Date: _____

Signature, City Clerk-Treasurer

Date

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Capital Assets Disposal Form

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Capital Assets Tag No. _____

(Existing Assets Number)

Section 2

Date: 01/29/2024

Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05450

New: Used:

Location: Special Ops - SWAT

Vendor Name: _____

Asset Class: _____ Activity Code: _____ Fund: _____ Acct. No.: _____

Date Item Acquired: _____ Cost or Donated Value: _____

Enhancements: _____

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Signature: (Department Head or Designee)

01/29/2024

Date:

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DISPOSITION METHOD: Surplus Sale: _____ Other: _____

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Address: _____

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Date: _____

Signature, City Clerk-Treasurer

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City of Madison, Alabama

Capital Assets Disposal Form

Section 1

Capital Assets Tag No. _____

(Existing Assets Number)

Section 2

Date: 01/29/2024

Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05295

New:

Used:

Location: Special Ops - SWAT

Vendor Name: _____

Asset Class: _____

Activity Code: _____

Fund: _____

Acct. No.: _____

Date Item Acquired: _____

Cost or Donated Value: _____

Enhancements: _____

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Signature: (Department Head or Designee)

01/29/2024

Date:

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Surplus Sale: _____

Other: _____

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Date: _____

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City of Madison, Alabama

Capital Assets

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Section 1

Capital Assets Tag No. _____

(Existing Assets Number)

Section 2

Date: 01/29/2024

Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05290

New: Used:

Location: Special Ops - SWAT

Vendor Name: _____

Asset Class: _____ Activity Code: _____ Fund: _____ Acct. No.: _____

Date Item Acquired: _____ Cost or Donated Value: _____

Enhancements: _____

The original form must be submitted to the City Clerk-Treasurer's Department for the disposition of assets. Items requested for disposition will be submitted to the City Council for approval. The City Clerk-Treasurer will notify the department head of the disposition method and submit a copy of approved disposition to the Finance Department.

Signature: (Department Head or Designee)

01/29/2024

Date:

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Address: _____

Date: _____

Signature, City Clerk-Treasurer

Date

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Section 1

Capital Assets Tag No. _____
(Existing Assets Number)

Section 2

Date: 01/29/2024 Department: Police

Item Description: SCOTT C420 Powered Air Purifying Respirator

Serial/Model #: 05294 New: Used:

Location: Special Ops - SWAT Vendor Name: _____

Asset Class: _____ Activity Code: _____ Fund: _____ Acct. No.: _____

Date Item Acquired: _____ Cost or Donated Value: _____

Enhancements: _____

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John J. Harb
Signature: (Department Head or Designee)

01/29/2024
Date:

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