City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. No Number
(Existing Assets Number)

Section 2

Date: 08/28/2026 **Department:** Fire

Item Description: 30" Ice Machine

Serial/Model #: 1120187725 **New:** ☐ **Used:** ☑

Location: Station 1 **Vendor Name:**

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

Date Item Acquired: Unknown **Cost or Donated Value:** Unknown

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.

Chad Menard - Deputy Chief
Signature: (Department Head or Designee)

08/28/2026
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.** ☐

Revised 6/25/2007

City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. 6752
(Existing Assets Number)

Section 2

Date: 08/19/2026 **Department:**

Item Description: LifePak AED 100

Serial/Model #: **New:** ☐ **Used:** ☐

Location: Sta 11 **Vendor Name:**

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

Date Item Acquired: **Cost or Donated Value:** 2530.00

Enhancements:

Not sure when we acquired this. No longer works.

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.

Brady Willis
Signature: (Department Head or Designee)

08/19/2026
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.** ☐

Revised 6/25/2007

City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. 6753
(Existing Assets Number)

Section 2

Date: 08/19/2026 **Department:** Fire

Item Description: LifePak AED 100

Serial/Model #: _____ **New:** ☐ **Used:** ☐

Location: Sta 1 **Vendor Name:** _____

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

Date Item Acquired: _____ **Cost or Donated Value:** 2530.00

Enhancements: _____

Not sure when we acquired this. No longer works.

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.

Brandy Wilson
Signature: (Department Head or Designee)

08/19/2026
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.** ☐

Revised 6/25/2007

City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. 4447
(Existing Assets Number)

Section 2

Date: 08/19/2026 **Department:** Fire

Item Description: Zoll Auto Defibrillator

Serial/Model #: _____ **New:** ☐ **Used:** ☑

Location: Sta 1 **Vendor Name:** _____

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

Date Item Acquired: _____ **Cost or Donated Value:** 2186.00

Enhancements: _____

Not sure when we acquired this. It no longer works.

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.

Bradley Wilson
Signature: (Department Head or Designee)

08/19/2026
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.** ☐

Revised 6/25/2007

City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. 4448
(Existing Assets Number)

Section 2

Date: 08/19/0226 **Department:** Fire

Item Description: Zoll Auto Defibrillator

Serial/Model #: _____ **New:** ☐ **Used:** ☑

Location: Sta 1 **Vendor Name:** _____

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

Date Item Acquired: _____ **Cost or Donated Value:** 2186.00

Enhancements: _____

No sure when we acquired this. No longer works.

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.

Brady Wilbur
Signature: (Department Head or Designee)

08/19/2026
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.** ☐

Revised 6/25/2007

City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. 4562
(Existing Assets Number)

Section 2

Date: 08/19/2026 **Department:** Fire

Item Description: Auto External Defibrillator

Serial/Model #: _____ **New:** ☐ **Used:** ✓

Location: Sta 1 **Vendor Name:** _____

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

Date Item Acquired: _____ **Cost or Donated Value:** 2,000.00

Enhancements: _____

Not sure when we acquired this. No longer works.

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.

Brandy Willis
Signature: (Department Head or Designee)

08/19/2026
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.** ☐

Revised 6/25/2007

City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. 4563
(Existing Assets Number)

Section 2

Date: 08/19/2026 **Department:** Fire

Item Description: Auto External Defibrillator

Serial/Model #: _____ **New:** ☐ **Used:** ✓

Location: Sta 1 **Vendor Name:** _____

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

Date Item Acquired: _____ **Cost or Donated Value:** 2,000.00

Enhancements: _____

Not sure when we acquired this. No longer works.

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.

Brandy Wilbur
Signature: (Department Head or Designee)

08/19/2026
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.** ☐

Revised 6/25/2007

City of Madison, Alabama

Capital Assets

Disposal Form

Section 1

Capital Assets Tag No. 4564
(Existing Assets Number)

Section 2

Date: 08/19/2026 **Department:** Fire

Item Description: Auto External Defibrillator

Serial/Model #: _____ **New:** ☐ **Used:** ✓

Location: Stan 11 **Vendor Name:** _____

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

Date Item Acquired: _____ **Cost or Donated Value:** 2,000.00

Enhancements: _____

Not sure when we acquired this. No longer works.

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.

Brandy Willis
Signature: (Department Head or Designee)

08/19/2026
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.** ☐

Revised 6/25/2007