



# ASSET REMOVAL FORM

**Instructions:** Please complete the information below and forward to:  
Office of the Purchasing Agent, 164 West Broad Street, Bridgeton, NJ 08302

Alternatively, these may be emailed to the Purchasing Agent (David DeWoody) at:  
davidde@co.cumberland.nj.us

Department Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Description of Asset: \_\_\_\_\_

Manufacturer/Make: \_\_\_\_\_ Model: \_\_\_\_\_

Asset Tag Number: \_\_\_\_\_ Location: \_\_\_\_\_

Identification # (VIN/Serial): \_\_\_\_\_

Is the Asset in Working Condition?            Yes            No

If not, what is the cost to repair? \$ \_\_\_\_\_ (Attach quote or estimate)

Reason for Removal (please support your justification and state mileage/hours as applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Head's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
*For Administration Use Only*

Method of Asset Removal (select one):

Inter-departmental Transfer

Sale to External Entity

Public Auction

Scrap

Trade-In

For sales, what is the as-is value? \$ \_\_\_\_\_

Approved Entity for Sale/Transfer (as applicable): \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution Number (as applicable): \_\_\_\_\_ (Attach Resolution)

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