



Property Control Form

Please return the completed form to the Property Management Office

Requester / Liaison Name:

(Please print)

Department Name:

Building and Floor / Room:

Phone / Fax:

Date:

Requester / Liaison Signature:

Please Check one Property Disposition type below :

☐ Abandonment⁶

☐ Cannibalized⁶

☐ Casualty Loss³

☐ Disappeared Assets⁶

☐ Disposed Due to Theft⁵

☐ Donated¹

☐ Retirement by Sale⁴

☐ Return to
Inventory⁶

☐ Salvaged⁶

☐ Scrapped⁶

☐ Traded²

☐ Transfer⁷

¹[Please attach "Agreement for Donation"]

²[Tag# of the new property:

³[Explain how:

⁴[Please attach "Agreement for Sold"]

⁵[Please attach "Incident Report and Police Report"]

⁶[Explanation is required:

⁷[If Transfer to Other CUNY College, approval from the receiving

College's Property Manager is required:

Authorized By

Certified By

Chairperson/Director/Dean:

(Please print)

(Please sign)

**I CERTIFY THAT ALL SOFTWARE AND PERSONAL FILES ARE REMOVED FROM
COMPUTER BEING DISPOSED**

Information Technology

Personnel:

Date:

print name

sign

PROPERTY HAS BEEN PICKED UP / RECEIVED BY:

Phone:

print name

sign

date

Business Unit**	Asset ID	Tag #	Description	Manufacturer	Model #	Serial #	From*	To*	New Responsible Person and / or Department (Code)*
							Building and Room	Building and Room	

For Property Management Office Use:

Property Manager Approval Name: (Please print)

(Please sign)

Date:

Department Name _____

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