



Vehicle Disposal Form

Department _____

Date _____

VIN Number _____

Description of the Vehicle (including model, make, year, color, etc)

Storage Location _____

This Vehicle is: Operable

Operable When Removed From Service

Date Removed: _____

Not Operable

Estimated Value: _____

Please attach at least 2 pictures of the vehicle and the vehicle checklist to this form and submit to the County Manager's Office.

Department Head Signature _____ Date _____

County Manager's Office Use Only:

Date Submitted _____

Declared Surplus

Transferred for In-House Use

County Manager Signature _____

Vehicle Inspection Form

| | | |
|---------------------|---------------------|--------------------------|
| Inventory ID: _____ | Asset Number: _____ | Fair Market Value: _____ |
|---------------------|---------------------|--------------------------|

Short Description:
 Year _____ Make _____ Model _____

VIN:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 Title Restriction: Y N

Odometer:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

 Miles Kilometers Odometer Accurate Y N: _____

Long Description:

This Vehicle: Starts Starts with a Boost & Runs/Driveable Engine Runs Does Not Run For Parts Only

Engine- Type: ___L, V___ Gas Diesel Engine Propane/Natural Gas Gas/Electric Hybrid

Engine Condition: Runs Needs repair is in unknown condition

Repairs needed: _____

This vehicle was maintained every _____ Days Hours Miles

Date Removed From Service: _____ Maintenance Records: Available Not Available For Inspection

Transmission: Automatic Manual ___Speed Condition: Operable Needs repair Is Unknown Condition

Repairs Needed: _____

Drivetrain: 2 Wheel Drive 4 Wheel Drive Condition: _____

Exterior: Color: _____ Windows: No Cracked Glass Cracked _____

Minor: Dents Scratches Dings Tire Condition: _____ Tread: _____ #Flat ___ Hubcaps # ___

Major Damage to: _____

Additional Damage: _____

Decals: None Have Been Sprayed or Have been Removed & Impressions Remain No Impressions

Emergency equip: None Has been removed & There are holes in the exterior There are no holes

Interior: Color _____ Cloth Vinyl Leather

Damage to Seats: _____

Damage to Dash/Floor: _____

Radio: Stock or Brand & Model: _____ AM AM/FM AM/FM Cassette AM/FM CD

AC (Condition: Cold Unknown) No AC Air Bags: Driver's Side Dual

Cruise Control Tilt Steering Remote Mirrors Climate Control

Power: Steering Windows Door Locks Seats

Additional Equipment: _____

Manufacturer _____ Model _____ Serial # _____

Tool Box Light Bar Ladder Rack Utility Body: Brand _____ Hitch: Type _____

Location of Asset: _____

For more information contact: _____

Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.