

Surplus Property Affidavit of Disposal

Disposal Authorization No.

Disposal Authorization Date:

Agency:

Location Address:

City:

GA, Zip:

Destruction Affidavit

I, _____ do hereby certify that on _____ that the property listed on

Disposal Authorization # _____

(Check only one) was rendered totally unserviceable by destruction;
 was removed for destruction/disposal by.

Company

Signature

Signed this _____ day of Month, Year in _____ County, GA.

Signature: _____

Print Name: _____ Title: _____

Witness Affidavit

I, _____ do hereby certify that on _____ that I witnessed the destruction
or removal the property listed above.

Signed this _____ day of, _____, _____ in _____ County, GA.

Signature: _____

Print Name: _____ Title: _____

This Affidavit of Disposal must be attached to the corresponding Disposal Authorization. The completed affidavit must be returned to the GA DOAS Surplus Property Division within 14 days from date of authorization. Affidavits not returned within 14 days will be voided.