

# Williamson County

## Asset Status Change Form

The following asset(s) is(are) considered for: (select one)

- ☐ **TRANSFER** bet ween county departments      ☐ **TRADE-IN** for new assets for the county  
☒ **SALE** at the earliest auction      ☐ **DONATION** to a non-county entity

### Asset List:

Quantity	Description (year, make, model, etc.)	Manufacturer ID# (serial, service tag, or VIN)	County Tag#	Condition of Assets (Working, Non-Working, Unknown)
1	TELEVISION (BRAND UNKNOWN)	DAORUDE0600H265U2131		Non-Working
2	PING PONG TABLES <i>Commissary Fund</i>			Non-Working
26	ASSORTED SHELVES (MOST BROKEN/MISSING PARTS)			Non-Working
9	METAL FOLDING CHAIRS (RUSTED/BENT)			Non-Working
1	HEWLETT PACKARD PRINTER		100232	Non-Working

### Parties involved:

**FROM** (Transferor Department): CORRECTIONS

**Transferor - Elected Official/Department Head/  
Authorized Staff:**

**Contact Person:**

L. C. MARSHALL

EMMA PAYNE

Print Name

Print Name

Signature *L. C. Marshall*

943-1349

Phone Number

Date *10-21-06*

**TO** (Transferee Department/Auction/Trade-in/Donee): Auction

**Transferee - Elected Official/Department Head/  
Authorized Staff OR Donee - Representative:** (If being  
approved for Sale or Trade-in, no signature is necessary.)

**Contact Person:**

Print Name

Print Name

Signature

Phone Number

Date

**For assets donated to a non-county entity:**

The Donee accepts the above assets and has determined the Fair Market Value of assets to be \$

## Forward to County Auditor's Office

This Change Status was approved as agenda item # \_\_\_\_\_ in Commissioner's Court on \_\_\_\_\_

If for Sale, the asset(s) was(were) delivered to warehouse on \_\_\_\_\_ by \_\_\_\_\_

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### Asset List:

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1	BROKEN BUFFING MACHINE			Non-Working
5	OLD FILING CABINETS (RUSTED & DENTED)			Non-Working
4	OLD CONTROL ROOM MONITORS			Working
1	HOSPITAL CHAIR			Non-Working
18	OFFICE CHAIRS			Working
6	METAL LEGGED CHAIRS			Working
4	METAL DESKS			Working
7	WOOD DESKS			Working

### Parties involved:

**FROM** (Transferor Department): CORRECTIONS & LAW ENFORCEMENT

**Transferor - Elected Official/Department Head/**

**Authorized Staff:**

L. C. MARSHALL

Print Name

Signature

Date 10-21-08

**Contact Person:**

EMMA PAYNE

Print Name

943-1349

Phone Number

**TO** (Transferee Department/Auction/Trade-in/Donee): Auction

**Transferee - Elected Official/Department Head/**

**Authorized Staff OR Donee - Representative:** (If being approved for Sale or Trade-in, no signature is necessary.)

Print Name

Signature

Date

**Contact Person:**

Print Name

Phone Number

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1	HP Color LaserJet Printer 4600n	JPBGD41797	I00196	Non-Working
This unit is not working, but is repairable.				

### Parties involved:

**FROM** (Transferor Department): Auditor

**Transferor - Elected Official/Department Head/  
Authorized Staff:**

**Contact Person:**

Julie Kiley

Stephanie McCandless

Print Name

Print Name

*Julie M. Kiley*

943-1595

Signature

Phone Number

Date October 17, 2008

**TO** (Transferee Department/Auction/Trade-in/Donee): Auction

**Transferee - Elected Official/Department Head/  
Authorized Staff OR Donee - Representative:** (If being  
approved for Sale or Trade-in, no signature is necessary.)

**Contact Person:**

Print Name

Print Name

Signature

Phone Number

Date

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