

Williamson County Asset Status Change Form

The following asset(s) is(are) to be considered for: (Select one)

TRANSFER between 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#
1	COMPUTER - 330	3CXJNH1	003473
1	COMPUTER - GX620	78Y1VB1	003225
1	POWER EDGE SERVER 2600	36D5211	
1	POWER EDGE SERVER 2300	57Q14	
1	POWER EDGE SERVER 2300	57QBG	001271
1	POWER EDGE SERVER 2300	57QHN	001225
1	POWER EDGE SERVER 2300	57QHT	001352
1	COMPUTER - 330	7CXJNH1	003466

Parties involved:

FROM (Transferor Department): WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT

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

Contact Person:
SUSAN CARRANCO

Print Name _____
Michelle Broddrick
Signature _____

Print Name _____
512-943-3646
Phone Number _____

Date 3 / 26 / 14

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 _____
Signature _____
Date ____ / ____ / ____

Print Name _____
Phone Number _____

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 _____

Williamson County Asset Status Change Form

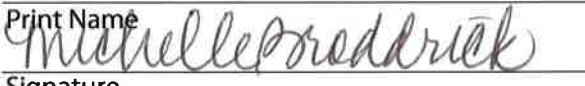
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1	COMPUTER - GX270	D9M1131	002678
1	COMPUTER - 330	FCXJNH1	003464
1	COMPUTER - 210L	CSX1BB1	003186
1	COMPUTER - DIMENSION 2300	7B2JW11	002548
1	COMPUTER - DIMENSION 2300	1B2JW11	002546
1	COMPUTER - GX620	G8Y1VB1	003223
1	COMPUTER - GX620	98X1VB1	003224
1	COMPUTER - OPTIPLEX 740	BBQZLC1	003255

Parties involved:
FROM (Transferor Department): WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT

<p>Transferor - Elected Official/Department Head/Authorized Staff: MICHELLE BRODDRICK</p> <p>Print Name _____  Signature _____</p> <p>Date <u>3, 26, 14</u></p>	<p>Contact Person: SUSAN CARRANCO</p> <p>Print Name _____ 512-943-3646 Phone Number _____</p>
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TO (Transferee Department/Auction/Trade-in/Donee): Auction

<p>Transferee - Elected Official/Department Head/Authorized Staff OR Donee - Representative: (If being approved for Sale or Trade-in, no signature is necessary.)</p> <p>Print Name _____ Signature _____ Date ____ / ____ / ____</p>	<p>Contact Person:</p> <p>Print Name _____ Phone Number _____</p>
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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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Quantity	Description (year, make model & etc.)	Manufacturer ID# (serial, service tag, or VIN)	County Tag#
1	COMPUTER - 330	8CXJNH1	003479
1	COMPUTER - 330	2CXJNH1	003481
1	COMPUTER - DIMENSION 8200	CFLPW11	002551
1	COMPUTER	FQ0XPD1	003374
1	COMPUTER - OPTIPLEX 740	4B0ZLC1	003257
1	COMPUTER - GX270	HZVRD31	002851
1	COMPUTER - GX270	6Q9TK31	002943
1	COMPUTER - DIMENSION 8200	3YZ2011	002556

Parties involved:

FROM (Transferor Department): WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT

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

Contact Person:
SUSAN CARRANCO

Print Name
Michelle Broddrick

Print Name
512-943-3646

Signature

Phone Number

Date 3, 26, 14

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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Quantity	Description (year, make model & etc.)	Manufacturer ID# (serial, service tag, or VIN)	County Tag#
1	COMPUTER - GX270	C5WRD31	002838
1	COMPUTER - OPTIPLEX 740	7BOZLC1	003258
1	COMPUTER - OPTIPLEX 330	JXWLNH1	003483
1	COMPUTER - OPTIPLEX 330	4CXJNH1	003471
1	COMPUTER	BCXJNH1	003469
1	COMPUTER - GX270	GSG0D31	C01173
1	COMPUTER - GX270	HZL1131	002670
1	COMPUTER - GX270	B9M1131	002677

Parties involved:

FROM (Transferor Department): WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT

Transferor - Elected Official/Department Head/

Authorized Staff:

MICHELLE BRODDRICK

Contact Person:

SUSAN CARRANCO

Print Name _____

Michelle Broddrick

Signature

Print Name _____

512-943-3646

Phone Number _____

Date 3 / 26 / 14

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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Asset list:

Quantity	Description (year, make model & etc.)	Manufacturer ID# (serial, service tag, or VIN)	County Tag#
1	COMPUTER - OPTIPLEX 360	HMJKFK1	
1	COMPUTER - GX270	4Q2HJB1	
1	COMPUTER - GX270	CP2HJ31	
1	COMPUTER - GX270	HN2HJ31	
1	COMPUTER - OPTIPLEX 740	C3S9SK1	
1	COMPUTER - OPTIPLEX 330	1CXJNH1	003475
1	COMPUTER - GX620	H8Y1VB1	003227
1	COMPUTER - OPTIPLEX 360	B81K4J1	003507

Parties involved:

FROM (Transferor Department): WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT

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

Contact Person:
SUSAN CARRANCO

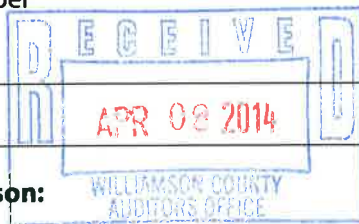
Print Name
Michelle Broddrick

Print Name
512-943-3646

Signature

Phone Number

Date 3, 26, 14



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Auction

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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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 by _____

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 of similar type for the county
 DESTRUCTION due to Public Health / Safety
 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)
1	RCA Wireless speaker system	Mod# WSP 150	N/A	W
6	Desktop monitor stands	N/A	N/A	N/A
3	desktop computer keyboards	N/A	N/A	W
1	HP printer w/ power cord	Ser# M14969212 R7	N/A	N/W

Parties involved:

FROM (Transferor Department): OEM

Transferor - Elected Official/Department Head/Authorized Staff:

Signature: [Signature] Date: _____
 Print Name: Jarred Thomas Contact Person: [Signature]
 Phone Number: 864-8269

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.)

Signature: _____ Date: _____
 Print Name: _____ Contact Person: _____
 Phone Number: _____



* If the above asset(s) is (are) listed for sale at auction and no bids are made, the Purchasing Director may dispose of or donate this (these) asset(s). A list of the (these) asset(s) to be donated or disposed of will be sent to the Auditor's Office with a date of donation or disposal.

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Asset List:

Quantity	Description (year, make, model, etc.)	Manufacturer ID# (serial, service tag, or VIN)	County Tag#	Condition of Assets (Working, Non-Working)
1	Dell Latitude laptop		C 01299	W
1	Panasonic CF-48 laptop	OEM # 1326		W
1	DELL XFR D630 laptop	SERVICE tag # J8R4H#1		W
1	Logitech keyboard			
1	Dell keyboard			

Parties involved:

FROM (Transferor Department): OEM

Transferor - Elected Official/Department Head/Authorized Staff: Jarred Thomas

Contact Person: Same

Print Name: _____ Print Name: _____

Signature: _____ Date: _____ Phone Number: 864-8255

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: _____ Date: _____ Phone Number: _____



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1	see attached			Working
				Working
				Working
				Working
				Working

Parties involved:

FROM (Transferor Department): Law Enforcement (560)

Transferor - Elected Official/Department Head/

Authorized Staff:

Chief LC "Tony" Marshall

Print Name

Signature

Contact Person:

Bill Kozsey

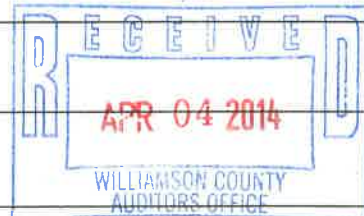
Print Name

+1 (512) 943-1349

Phone Number

March 28, 2014

Date



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

Transferee - Elected Official/Department Head/

Authorized Staff OR Donee - Representative: (If being

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Contact Person:

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Print Name

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