



THE COUNTY OF GALVESTON

RUFUS G. CROWDER, CPPO CPPB
PURCHASING AGENT

COUNTY COURTHOUSE
722 Moody (21st Street)
Fifth (5th) Floor, Purchasing
GALVESTON, TEXAS 77550
(409) 770-5371

ERIN S. QUIROGA, MBA, CPPB
ASST. PURCHASING AGENT

October 24, 2024

Honorable County Judge
And Commissioners' Court
County Courthouse
Galveston, Texas

Re: Disposal of Salvage or Surplus Property

Gentlemen,

It is requested that authorization be granted to dispose of the salvage and/or surplus property items represented on the attached awaiting disposal (AD) list. This request is per the instructions outlined in the Texas Local Government Code, section 263.152, Disposition.

These items will be placed on the GovDeals website or other authorized means of disposal within 30 days after authorization is granted and efforts to transfer them to other departments are exhausted.

Your consideration in this matter will be greatly appreciated.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Rufus G. Crowder", is written over a long, thin horizontal line that spans across the page.

Rufus G. Crowder, CPPO, CPPB
Purchasing Agent
County of Galveston

Dickey, Tammy

From: Nolan, Edward
Sent: Thursday, October 24, 2024 5:15 PM
To: Dickey, Tammy
Subject: Agenda request for commissioners court 11/11/2024: 172111, FLEET (7) SURP VEHICLES 20241111
Attachments: 172111, FLEET (7) SURP VEHICLES .pdf

Good afternoon,

Please place the following assets on the next available commissioners court for appropriate removal: **(172111, FLEET (7) SURP VEHICLES 20241111.pdf)**:

FAID	UNIT	VIN	DESC	NOTES
27124	C0503	3D7KR28DX5G799814	2005 DODGE RAM QUAD CAB 4X2	Age / mileage
32001	C3699	1FM5K8AR8GGB19455	2016 FORD EXPLORER	Age / mileage / wrecked
32007	C3619	1GNLCDEC5GR148916	2016 CHEVROLET TAHOE	Age / mileage
32009	C3621	1GNLCDEC7GR150263	2016 CHEVROLET TAHOE	Age / mileage
32040	C3631	1FMJU1GT9GEF08801	2016 FORD EXPEDITION	Age / mileage
32374	C3807	1GNLCDEC5JR330459	2016 CHEVROLET TAHOE	Age / mileage
32930	C3152	1G4GC5EC2BF342728	2011 BUICK LACROSSE	Age / mileage

Thanks!

Edward Nolan
Purchasing Asset Coordinator
Galveston County Purchasing Department
(409) 770-5417
(409) 621-7991 Fax
Edward.Nolan@co.galveston.tx.us

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ASSET TRANSFER REQUEST

Date: 4/19/2024

To: Purchasing Department, Fixed Asset Property Manager

Transferor: Julie Diaz (Authorized Asset Custodian Signature) Julie Diaz (Print Name) Department / Division: 522020, Parks

Receiver: Elizabeth Bryant (Authorized Asset Custodian Signature) Elizabeth Bryant (Print Name) Department / Division: 172111, Fleet

RE: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer 27124 (FAID#, last 5 digits) Unit # C0503 Description 2005 Dodge Serial/VIN 99814 (last 5 digits) From 522020, Parks (Department/Division Name) Location LGCY/LC02 (Building, Floor, Suite or Room No) To 172111, Fleet (Department/Division Name) Location 2875 NICHOLS ST DKN (Building, Floor, Suite or Room No) Reason for Transfer AGE OF ASSET

Transfer Unit # Description Serial/VIN (FAID#, last 5 digits) (last 5 digits) From Location (Department/Division Name) (Building, Floor, Suite or Room No) To Location (Department/Division Name) (Building, Floor, Suite or Room No) Reason for Transfer

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

5/10/2024 Date Form Processed

Edward J. ... Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 172111 / FLEET MGMT [Signature]
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction
Theft
Destroyed by
Trade-In
Donated

Disposal of: 27124 2005 DODGE RAM 2500

Reason for disposal: AGE OF ASSET, MILAGE, ASSET HAS BEEN REPLACED

Serial No./VIN #: 3D7KR28DX5G799814

From: 172111 FLEET MGMT Location: 2875 NICHOLAS AVE DKN

Comments: C0503

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10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager



FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] ELIZABETH BRYANT 172111/FLEET MGMT
Signature Print Name Department/Division

Re: Pre-auction vehicle disclosure

Starting Bid:

Disposal of FAID No: 27124 Description: 2005 DODGE RAM 2500

Unit # C0503 Serial/VIN: 3D7KR28DX5G799814 Mileage: 163,498 APX

Reason for Disposal: AGE / MILAGE / ASSET HAS BEEN REPLACED

Has this vehicle ever been in a wreck? Yes No X If Yes, what year.

What type of damaged resulted from wreck?

List any engine issues:

List any transmission issues:

List any fluid leaks (oil, fuel, radiator, transmission, etc.)

Are all tires road-worthy? X Yes No If No, please explain:

Is there a spare tire? Yes X No Is the full jack present? Yes X No

Other:

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PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

6/25/'24 9:05 AM

Vehicle Inspection Form

Inventory ID: C0503	Asset Number: 27124	Fair Market Value:																	
Short Description: Year 2005 Make <u>DODGE RAM</u> Model <u>2500 PICKUP TRUCK</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>D</td><td>7</td><td>K</td><td>R</td><td>2</td><td>8</td><td>D</td><td>X</td><td>5</td><td>G</td><td>7</td><td>9</td><td>9</td><td>8</td><td>1</td><td>4</td></tr></table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			3	D	7	K	R	2	8	D	X	5	G	7	9	9	8	1	4
3	D	7	K	R	2	8	D	X	5	G	7	9	9	8	1	4			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>6</td><td>3</td><td>5</td><td>2</td><td>2</td></tr></table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N:			1	6	3	5	2	2											
1	6	3	5	2	2														
Long Description: This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>5.7 L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>WHITE</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <small>BULLSEYE IN WINDSHIELD</small> Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>FAIR</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: <u>SURFACE RUST</u> Additional Damage: <u>RUST ON TAILGATE & HOOD</u> Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>BLACK</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>WORN, TORN & STAINED</u> Damage to Dash/Floor: <u>WORN, TORN & STAINED; HOLES IN FLOOR</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: <u>TOOL BOX</u> Manufacturer <u>TRAIL BOSS</u> Model <u>SECLP70SLRL</u> Serial # <u>NONE VISIBLE</u> <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: _____ DSY 6/21/2024 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.																			



ASSET TRANSFER REQUEST

Date: 08-29-2024

To: Purchasing Department, Fixed Asset Property Manager

Transferor: *James Roy* James Roy Department / Division: 211121 / CID
(Authorized Asset Custodian Signature) (Print Name)

Receiver: *Elizabeth Bryant* ELIZABETH BRYANT Department / Division: 172111/FLEET MGMT
(Authorized Asset Custodian Signature) (Print Name)

RE: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer 32930 Unit # 3152 Description 2011 Black Buick La Crosse Serial/VIN 1G4GC5E2BF342728
(FAID#, last 5 digits) (last 5 digits)
From 211121 / CID Location 601 54th St Galveston, TX 77551
(Department/Division Name) (Building, Floor, Suite or Room No)
To 172111/FLEET MGMT Location 2875 NICHOLAS AVE, DKN 77539
(Department/Division Name) (Building, Floor, Suite or Room No)
Reason for Transfer End of life for UC Vehicle

Transfer _____ Unit # _____ Description _____ Serial/VIN _____
(FAID#, last 5 digits) (last 5 digits)
From _____ Location _____
(Department/Division Name) (Building, Floor, Suite or Room No)
To _____ Location _____
(Department/Division Name) (Building, Floor, Suite or Room No)
Reason for Transfer _____

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PURCHASING DEPARTMENT USE ONLY

9/5/2024
Date Form Processed

Edward J. [Signature]
Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 172111 / FLEET MGMT

Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction _____
Date
- Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by
 Natural Disaster _____
Date
 Traffic Accident _____
Date
- Trade-In _____
Date
- Donated _____ Agency receiving donation: _____
Date

Disposal of: 32930 2011 BUICK LA CROSS

FAID No.

Reason for disposal: AGE OF ASSET, MILAGE, ASSET HAS BEEN REPLACED

Serial No./VIN #: 1G4GC5E2BF342728

From: 172111 FLEET MGMT

Department No. & Name

Location: 2875 NICHOLAS AVE DKN

Building, Floor, Suite, or Room No.

Comments: C3152

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager



FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] ELIZABETH BRYANT 172111/FLEET MGMT
Signature Print Name Department/Division

Re: Pre-auction vehicle disclosure

Starting Bid:

Disposal of FAID No: 32930 Description: 2011 BUICK LA CROSS

Unit # C3152 Serial/VIN: 1G4GC5E2BF342728 Mileage: 159,203 APX

Reason for Disposal: AGE / MILAGE / ASSET HAS BEEN REPLACED

Has this vehicle ever been in a wreck? Yes X No If Yes, what year.

What type of damaged resulted from wreck?

List any engine issues:

List any transmission issues:

List any fluid leaks (oil, fuel, radiator, transmission, etc.)

Are all tires road-worthy? X Yes No If No, please explain:

Is there a spare tire? X Yes No Is the full jack present? X Yes No

Other:

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PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

9/23/'24 7:41 AM

Vehicle Inspection Form

Inventory ID: C3152	Asset Number: 32930	Fair Market Value:																	
Short Description: Year <u>2011</u> Make <u>BUICK</u> Model <u>LACROSSE</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>G</td><td>4</td><td>G</td><td>C</td><td>5</td><td>E</td><td>C</td><td>2</td><td>B</td><td>F</td><td>3</td><td>4</td><td>2</td><td>7</td><td>2</td><td>8</td></tr></table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			1	G	4	G	C	5	E	C	2	B	F	3	4	2	7	2	8
1	G	4	G	C	5	E	C	2	B	F	3	4	2	7	2	8			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>5</td><td>9</td><td>3</td><td>6</td><td>8</td></tr></table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____			1	5	9	3	6	8											
1	5	9	3	6	8														
Long Description:																			
This Vehicle: <input type="checkbox"/> Starts <input checked="" type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only																			
Engine- Type: <u>2.4 L, V4</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid																			
Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition																			
Repairs needed: _____																			
This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles																			
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition																			
Repairs Needed: _____																			
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>BLACK</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <u>WINDSHIELD</u>																			
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>GOOD</u> Tread: _____ #Flat _____ Hubcaps # _____																			
Major Damage to: <u>FRONT BUMPER UNCLIPPED</u>																			
Additional Damage: _____																			
Decals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input checked="" type="checkbox"/> No Impressions																			
Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>BEIGE</u> <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Leather																			
Damage to Seats: <u>WORN & STAINED</u>																			
Damage to Dash/Floor: <u>WORN & STAINED</u>																			
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD																			
<input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input type="checkbox"/> Dual																			
<input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control																			
Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
Additional Equipment: _____																			
Manufacturer _____ Model _____ Serial # _____																			
<input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>DSY 9/11/2024</u>																			
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.																			

"A" CTJEN
SWAP



ASSET TRANSFER REQUEST

Date: 6-26-2024
To: Purchasing Department, Fixed Asset Property Manager
Transferor: [Signature] Ron Hill Department / Division: GCSO
(Authorized Asset Custodian Signature) (Print Name)
Receiver: [Signature] Elizabeth Bryant Department / Division: FLEET/172111
(Authorized Asset Custodian Signature) (Print Name)
RE: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer 32007 Unit # 3619 Description 2016 Tahoe Serial/VIN 48916
(FAID#, last 5 digits) (last 5 digits)
From GCSO/Patrol Location 601 54th street, Galveston
(Department/Division Name) (Building, Floor, Suite or Room No)
To FLEET/172111 Location 2875-NICHOLS AVE DKN
(Department/Division Name) (Building, Floor, Suite or Room No)
Reason for Transfer Pre-Disposal

Transfer 32009 Unit # 3621 Description 2016 Tahoe Serial/VIN 50263
(FAID#, last 5 digits) (last 5 digits)
From GCSO/ Patrol Location 601 54th, Galv
(Department/Division Name) (Building, Floor, Suite or Room No)
To Fleet/172111 Location 2875-NICHOLS AVE DKN
(Department/Division Name) (Building, Floor, Suite or Room No)
Reason for Transfer Pre-Disposal

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7/16/2024 PURCHASING DEPARTMENT USE ONLY
Date Form Processed [Signature]
Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 172111 / FLEET MGMT 
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory, to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction _____
Date
- Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by
 - Natural Disaster _____
Date
 - Traffic Accident _____
Date
- Trade-In _____
Date
- Donated _____ Agency receiving donation: _____
Date

Disposal of: 32007 2016 CHEVY TAHOE
FAID No.

Reason for disposal: AGE OF ASSET, MILAGE, ASSET HAS BEEN REPLACED

Serial No./VIN #: 1GNLCDEC5GR148916

From: 172111 FLEET MGMT Location: 2875 NICHOLAS AVE DKN
Department No. & Name Building, Floor, Suite, or Room No.

Comments: C3619

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10/24/2024
Date Form Processed

PURCHASING DEPARTMENT USE ONLY


Fixed Asset Property Manager



FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] ELIZABETH BRYANT 172111/FLEET MGMT
Signature Print Name Department/Division

Re: Pre-auction vehicle disclosure

Starting Bid:

Disposal of FAID No: 32007 Description: 2016 CHEVY TAHOE

Unit # C3619 Serial/VIN: 1GNLCDEC5GR148916 Mileage: 105,071 APX

Reason for Disposal: AGE / MILAGE / ASSET HAS BEEN REPLACED

Has this vehicle ever been in a wreck? Yes X No If Yes, what year.

What type of damaged resulted from wreck?

List any engine issues:

List any transmission issues:

List any fluid leaks (oil, fuel, radiator, transmission, etc.)

Are all tires road-worthy? X Yes No If No, please explain:

Is there a spare tire? Yes X No Is the full jack present? Yes X No

Other:

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PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

Vehicle Inspection Form

Inventory ID: C3619	Asset Number: 32007	Fair Market Value:																	
Short Description: Year: <u>2016</u> Make: <u>CHEVROLET</u> Model: <u>TAHOE</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>G</td><td>N</td><td>L</td><td>C</td><td>D</td><td>E</td><td>C</td><td>5</td><td>G</td><td>R</td><td>1</td><td>4</td><td>8</td><td>9</td><td>1</td><td>6</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			1	G	N	L	C	D	E	C	5	G	R	1	4	8	9	1	6
1	G	N	L	C	D	E	C	5	G	R	1	4	8	9	1	6			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>0</td><td>6</td><td>2</td><td>8</td><td>2</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N:			1	0	6	2	8	2											
1	0	6	2	8	2														
<p>Long Description:</p> <p>This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only</p> <p>Engine- Type: <u>5.3L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid</p> <p>Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition</p> <p>Repairs needed: <u>SERVICE REAR VISION SYSTEM LIGHT ON</u></p> <p>This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles</p> <p>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection</p> <p>Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition</p> <p>Repairs Needed: _____</p> <p>Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____</p> <p>Exterior: Color: <u>WHITE</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____</p> <p>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>POOR</u> Tread: _____ #Flat _____ Hubcaps # _____</p> <p>Major Damage to: _____</p> <p>Additional Damage: _____</p> <p>Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions</p> <p>Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes</p> <p>Interior: Color <u>BLACK</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather</p> <p>Damage to Seats: <u>NORMAL WEAR & TEAR</u></p> <p>Damage to Dash/Floor: <u>NO OVERHEAD OR CENTER CONSOLES</u></p> <p>Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD</p> <p><input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual</p> <p><input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control</p> <p>Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats</p> <p>Additional Equipment: <u>SPOTLIGHT</u></p> <p>Manufacturer _____ Model _____ Serial # _____</p> <p><input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____</p>																			
Location of Asset: <u>DSY 9/10/2024</u>																			
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.																			

ACTION
SWAP



ASSET TRANSFER REQUEST

Date: 6-26-2024

To: Purchasing Department, Fixed Asset Property Manager

Transferor: [Signature] Ron Hill Department / Division: GCSO
(Authorized Asset Custodian Signature) (Print Name)

Receiver: [Signature] Elizabeth Bryant Department / Division: FLEET/172111
(Authorized Asset Custodian Signature) (Print Name)

RE: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer 32007 Unit # 3619 Description 2016 Tahoe Serial/VIN 48916
(FAIDR, last 5 digits) (last 5 digits)

From GCSO/Patrol Location 601 54th street, Galveston
(Department/Division Name) (Building, Floor, Suite or Room No)

To FLEET/172111 Location 2875-NICHOLS AVE DRIV
(Department/Division Name) (Building, Floor, Suite or Room No)

Reason for Transfer Pre-Disposal

Transfer 32009 Unit # 3621 Description 2016 Tahoe Serial/VIN 50263
(FAIDR, last 5 digits) (last 5 digits)

From GCSO/ Patrol Location 601 54th, Galv
(Department/Division Name) (Building, Floor, Suite or Room No)

To Fleet/172111 Location 2875-NICHOLS AVE DRIV
(Department/Division Name) (Building, Floor, Suite or Room No)

Reason for Transfer Pre-Disposal

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

7/16/2024 PURCHASING DEPARTMENT USE ONLY
 Date Form Processed [Signature]
 Fixed Asset Property Manager

W. Form 0505 (Rev. 12/2019) - 1A-02 Transfer



ASSET DISPOSAL REPORT

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 172111 / FLEET MGMT 
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction _____
Date
- Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by
 - Natural Disaster _____
Date
 - Traffic Accident _____
Date
- Trade-In _____
Date
- Donated _____ Agency receiving donation: _____
Date

Disposal of: 32009 2016 CHEVY TAHOE
FAID No.

Reason for disposal: AGE OF ASSET, MILAGE, ASSET HAS BEEN REPLACED

Serial No./VIN #: 1GNLCDEC7GR150263

From: 172111 FLEET MGMT Location: 2875 NICHOLAS AVE DKN
Department No. & Name Building, Floor, Suite, or Room No.

Comments: C3621

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed


Fixed Asset Property Manager



FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] ELIZABETH BRYANT 172111/FLEET MGMT
Signature Print Name Department/Division

Re: Pre-auction vehicle disclosure

Starting Bid:

Disposal of FAID No: 32009 Description: 2016 CHEVY TAHOE

Unit # C3621 Serial/VIN: 1GNLCDEC7GR150263 Mileage: 112,672 APX

Reason for Disposal: AGE / MILAGE / ASSET HAS BEEN REPLACED

Has this vehicle ever been in a wreck? Yes X No If Yes, what year.

What type of damaged resulted from wreck?

List any engine issues:

List any transmission issues:

List any fluid leaks (oil, fuel, radiator, transmission, etc.)

Are all tires road-worthy? X Yes No If No, please explain:

Is there a spare tire? X Yes No Is the full jack present? X Yes No

Other:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

Vehicle Inspection Form

Inventory ID: C3621	Asset Number: 32009	Fair Market Value:																	
Short Description: Year <u>2016</u> Make <u>CHEVROLET</u> Model <u>TAHOE</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>G</td><td>N</td><td>L</td><td>C</td><td>D</td><td>E</td><td>C</td><td>7</td><td>G</td><td>R</td><td>1</td><td>5</td><td>0</td><td>2</td><td>6</td><td>3</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			1	G	N	L	C	D	E	C	7	G	R	1	5	0	2	6	3
1	G	N	L	C	D	E	C	7	G	R	1	5	0	2	6	3			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>1</td><td>3</td><td>8</td><td>6</td><td>3</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	1	3	8	6	3											
1	1	3	8	6	3														
<p>Long Description:</p> <p>This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only</p> <p>Engine- Type: <u>5.3L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid</p> <p>Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition</p> <p>Repairs needed: _____</p> <p>This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles</p> <p>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection</p> <p>Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition</p> <p>Repairs Needed: _____</p> <p>Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____</p>																			
<p>Exterior: Color: <u>WHITE</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <small>BULLSEYE WINDSHIELD</small></p> <p>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>FAIR</u> Tread: _____ #Flat _____ Hubcaps # _____</p> <p>Major Damage to: _____</p> <p>Additional Damage: _____</p> <p>Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions</p> <p>Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes</p>																			
<p>Interior: Color <u>BLACK</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather</p> <p>Damage to Seats: <u>WORN & STAINED; MISSING INTERIOR PANELS</u></p> <p>Damage to Dash/Floor: <u>WORN & STAINED; EXPOSED WIRING; NO OVERHEAD OR CENTER CONSOLES</u></p> <p>Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD</p> <p><input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual</p> <p><input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control</p> <p>Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats</p>																			
<p>Additional Equipment: <u>SPOTLIGHT</u></p> <p>Manufacturer _____ Model _____ Serial # _____</p> <p><input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____</p>																			
<p>Location of Asset: <u>DSY 9/10/2024</u></p> <p>For more information contact: _____</p> <p>Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.</p>																			



ASSET TRANSFER REQUEST

Date: 6/4/2024

To: Purchasing Department, Fixed Asset Property Manager

Transferor: [Signature] R. [Signature] Department / Division:

Receiver: [Signature] Elizabeth Bryant Department / Division: FLEET/172111

RE: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer 32040 Unit # 3631 Description 2016 Ford Expedition SerialVIN 08801
From GCSO/Patrol Location 601 54th street, Galveston
To FLEET/172111 Location 2875 NICHOLS AVE DIXIE
Reason for Transfer Pre-Disposal

Transfer _____ Unit # _____ Description _____ SerialVIN _____
From _____ Location _____
To _____ Location _____
Reason for Transfer Pre-Disposal

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

6/5/2024 Date Form Processed

[Signature] Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 172111 / FLEET MGMT [Signature]
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction
Theft
Destroyed by
Trade-In
Donated

Disposal of: 32040 2016 FORD EXPEDITION
FAID No.

Reason for disposal: AGE OF ASSET, MILAGE, ASSET HAS BEEN REPLACED

Serial No./VIN #: 1FMJU1GT9GEF08801

From: 172111 FLEET MGMT Location: 2875 NICHOLAS AVE DKN
Department No. & Name Building, Floor, Suite, or Room No.

Comments: C3631

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager



FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] ELIZABETH BRYANT 172111/FLEET MGMT
Signature Print Name Department/Division

Re: Pre-auction vehicle disclosure

Starting Bid:

Disposal of FAID No: 32040 Description: 2016 FORD EXPEDITION

Unit # C3631 Serial/VIN: 1FMJU1GT9GEF08801 Mileage: 98,963 APX

Reason for Disposal: AGE / MILAGE / ASSET HAS BEEN REPLACED

Has this vehicle ever been in a wreck? Yes X No If Yes, what year.

What type of damaged resulted from wreck?

List any engine issues:

List any transmission issues:

List any fluid leaks (oil, fuel, radiator, transmission, etc.)

Are all tires road-worthy? X Yes No If No, please explain:

Is there a spare tire? Yes X No Is the full jack present? Yes X No

Other:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

Vehicle Inspection Form

Inventory ID: C3631	Asset Number: 32040	Fair Market Value:																	
Short Description: Year <u>2016</u> Make <u>FORD</u> Model <u>EXPEDITION</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>1</td><td>F</td><td>M</td><td>J</td><td>U</td><td>1</td><td>G</td><td>T</td><td>9</td><td>G</td><td>E</td><td>F</td><td>0</td><td>8</td><td>8</td><td>0</td><td>1</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			1	F	M	J	U	1	G	T	9	G	E	F	0	8	8	0	1
1	F	M	J	U	1	G	T	9	G	E	F	0	8	8	0	1			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td>9</td><td>9</td><td>0</td><td>8</td><td>5</td></tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____			9	9	0	8	5												
9	9	0	8	5															
Long Description:																			
This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only																			
Engine- Type: <u>305 L, V6</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid																			
Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition																			
Repairs needed: <u>TIRE PRESSURE SENSOR FAULT LIGHT ON</u>																			
This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles																			
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition																			
Repairs Needed: _____																			
Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input checked="" type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>WHITE</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <small>BULLSEYES IN WINDSHIELD</small>																			
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>FAIR</u> Tread: _____ #Flat _____ Hubcaps # _____																			
Major Damage to: _____																			
Additional Damage: <u>SOME SURFACE RUST</u>																			
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions																			
Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>BLACK</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: <u>WORN, TORN, STAINED, MISSING SEAT TRIM, NO CENTER CONSOLE</u>																			
Damage to Dash/Floor: <u>WORN & STAINED, MISSING FLOOR TRIM, SCUFFED PANELS</u>																			
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD																			
<input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual																			
<input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control																			
Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
Additional Equipment: _____																			
Manufacturer _____ Model _____ Serial # _____																			
<input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>DSY 6/6/2024</u>																			
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.																			



ASSET TRANSFER REQUEST

Date: 06/04/2024

To: Purchasing Department, Fixed Asset Property Manager

Transferor: R Barrow #5748 Lt. Reuben Hal Barrow Department / Division: GCSO CID-ACTF

Receiver: Elizabeth Bryant ELEMZABETH BRYANT Department / Division: 172111/FLEET MGMT

RE: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer 32001 Unit # 3699 Description 2016, Ford, Explorer Serial/VIN 19455
From GCSO/ACTF Location 1620 Gill Rd., Dickinson, Tx, 77539
To 172111/FLEET MGMT Location 2875 NICHOLS AVE DKN
Reason for Transfer Accident Damaged totaled

Transfer Unit # Description Serial/VIN
From Location
To Location
Reason for Transfer

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

6/5/2024 Date Form Processed

PURCHASING DEPARTMENT USE ONLY

Signature of Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 172111 / FLEET MGMT

Department No. & Name, Department Asset Custodian Authorized Signature

[Handwritten Signature]

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Options for disposal method: Auction, Theft, Destroyed by (Natural Disaster, Traffic Accident), Trade-In, Donated.

Disposal of: 32001 2016 FORD EXPLORER

FAID No.

Reason for disposal: AGE OF ASSET, MILAGE, ASSET HAS BEEN REPLACED, WRECKED

Serial No./VIN #: 1FM5K8AR8GGB19455

From: 172111 FLEET MGMT

Department No. & Name

Location: 2875 NICHOLAS AVE DKN

Building, Floor, Suite, or Room No.

Comments: C3699

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

Date Form Processed: 10/24/2024

[Handwritten Signature] Fixed Asset Property Manager



FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] ELIZABETH BRYANT 172111/FLEET MGMT
Signature Print Name Department/Division

Re: Pre-auction vehicle disclosure

Starting Bid:

Disposal of FAID No: 32001 Description: 2016 FORD EXPLORER

Unit # C3699 Serial/VIN: 1FM5K8AR8GGB19455 Mileage: 52,520 APX

Reason for Disposal: AGE / ASSET HAS BEEN REPLACED / WRECKED

Has this vehicle ever been in a wreck? Yes X No If Yes, what year.

What type of damaged resulted from wreck?

List any engine issues:

List any transmission issues:

List any fluid leaks (oil, fuel, radiator, transmission, etc.)

Are all tires road-worthy? X Yes No If No, please explain:

Is there a spare tire? X Yes No Is the full jack present? X Yes No

Other:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

6/25/'24 11:00 AM

Vehicle Inspection Form

Inventory ID: C3699	Asset Number: 32001	Fair Market Value:																	
Short Description: Year <u>2016</u> Make <u>FORD</u> Model <u>EXPLORER</u>																			
VIN: <table border="1" style="display: inline-table;"><tr><td>1</td><td>F</td><td>M</td><td>5</td><td>K</td><td>8</td><td>A</td><td>R</td><td>8</td><td>G</td><td>G</td><td>B</td><td>1</td><td>9</td><td>4</td><td>5</td><td>5</td></tr></table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N			1	F	M	5	K	8	A	R	8	G	G	B	1	9	4	5	5
1	F	M	5	K	8	A	R	8	G	G	B	1	9	4	5	5			
Odometer: <table border="1" style="display: inline-table;"><tr><td>5</td><td>4</td><td>1</td><td>0</td><td>7</td></tr></table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N:			5	4	1	0	7												
5	4	1	0	7															
Long Description: This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine Type: <u>3.7L, V6</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>WRECKED; CHECK ENGINE LIGHT ON</u> This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: <u>WRECKED</u> Drivetrain: <input type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: <u>ALL WHEEL DRIVE</u>																			
Exterior: Color: <u>WHITE</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>FAIR</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: <u>WRECKED FRONT END & RIGHT REAR</u> Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>BLACK</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>WORN & STAINED; SCRATCHED INTERIOR PANELS</u> Damage to Dash/Floor: <u>JOTTO DESK STILL INSIDE; HOLES IN HEADLINER</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
Additional Equipment: <u>SPOTLIGHT</u> Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>DSY 6/21/2024</u> 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.																			

PATROL TO AUCTION



ASSET TRANSFER REQUEST

Date: 20 JUNE 2024

To: Purchasing Department, Fixed Asset Property Manager

Transferor: *[Signature]* Ron Hill Department / Division: GCSO
(Authorized Asset Custodian Signature) (Print Name)

Receiver: *[Signature]* Elizabeth Bryant Department / Division: FLEET/172111
(Authorized Asset Custodian Signature) (Print Name)

RE: Please amend the inventory to reflect the following change(s) due to TRANSFER

Transfer 32374 Unit # 3807 Description 2018 Tahoe SerialVIN 30459
(FAID#, last 5 digits) (last 5 digits)

From GCSO/Patrol Location 601 54th street, Galveston
(Department/Division Name) (Building, Floor, Suite or Room No)

To FLEET/172111 Location 2575 NECHLES AVE DRY
(Department/Division Name) (Building, Floor, Suite or Room No)

Reason for Transfer Pre-Disposal

Transfer _____ Unit # _____ Description _____ SerialVIN _____
(FAID#, last 5 digits) (last 5 digits)

From _____ Location _____
(Department/Division Name) (Building, Floor, Suite or Room No)

To _____ Location _____
(Department/Division Name) (Building, Floor, Suite or Room No)

Reason for Transfer Pre-Disposal

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

6/20/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 172111 / FLEET MGMT 
Department No. & Name. Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction _____
Date
- Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by
 - Natural Disaster _____
Date
 - Traffic Accident _____
Date
- Trade-In _____
Date
- Donated _____ Agency receiving donation: _____
Date

Disposal of: 32374 2016 CHEVY TAHOE
FAID No.

Reason for disposal: AGE OF ASSET, MILAGE, ASSET HAS BEEN REPLACED

Serial No./VIN #: 1GNLCDEC5JR330459


From: 172111 FLEET MGMT Location: 2875 NICHOLAS AVE DKN
Department No. & Name Building, Floor, Suite, or Room No.

Comments: C3807

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PURCHASING DEPARTMENT USE ONLY

10/24/2024
Date Form Processed


Fixed Asset Property Manager



FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 10/23/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] ELIZABETH BRYANT 172111/FLEET MGMT
Signature Print Name Department/Division

Re: Pre-auction vehicle disclosure

Starting Bid:

Disposal of FAID No: 32374 Description: 2016 CHEVY TAHOE

Unit # C3807 Serial/VIN: 1GNLCDEC5JR330459 Mileage: 114,486 APX

Reason for Disposal: AGE / MILAGE / ASSET HAS BEEN REPLACED

Has this vehicle ever been in a wreck? Yes X No If Yes, what year.

What type of damaged resulted from wreck?

List any engine issues:

List any transmission issues:

List any fluid leaks (oil, fuel, radiator, transmission, etc.)

Are all tires road-worthy? X Yes No If No, please explain:

Is there a spare tire? Yes X No Is the full jack present? Yes X No

Other:

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PURCHASING DEPARTMENT USE ONLY

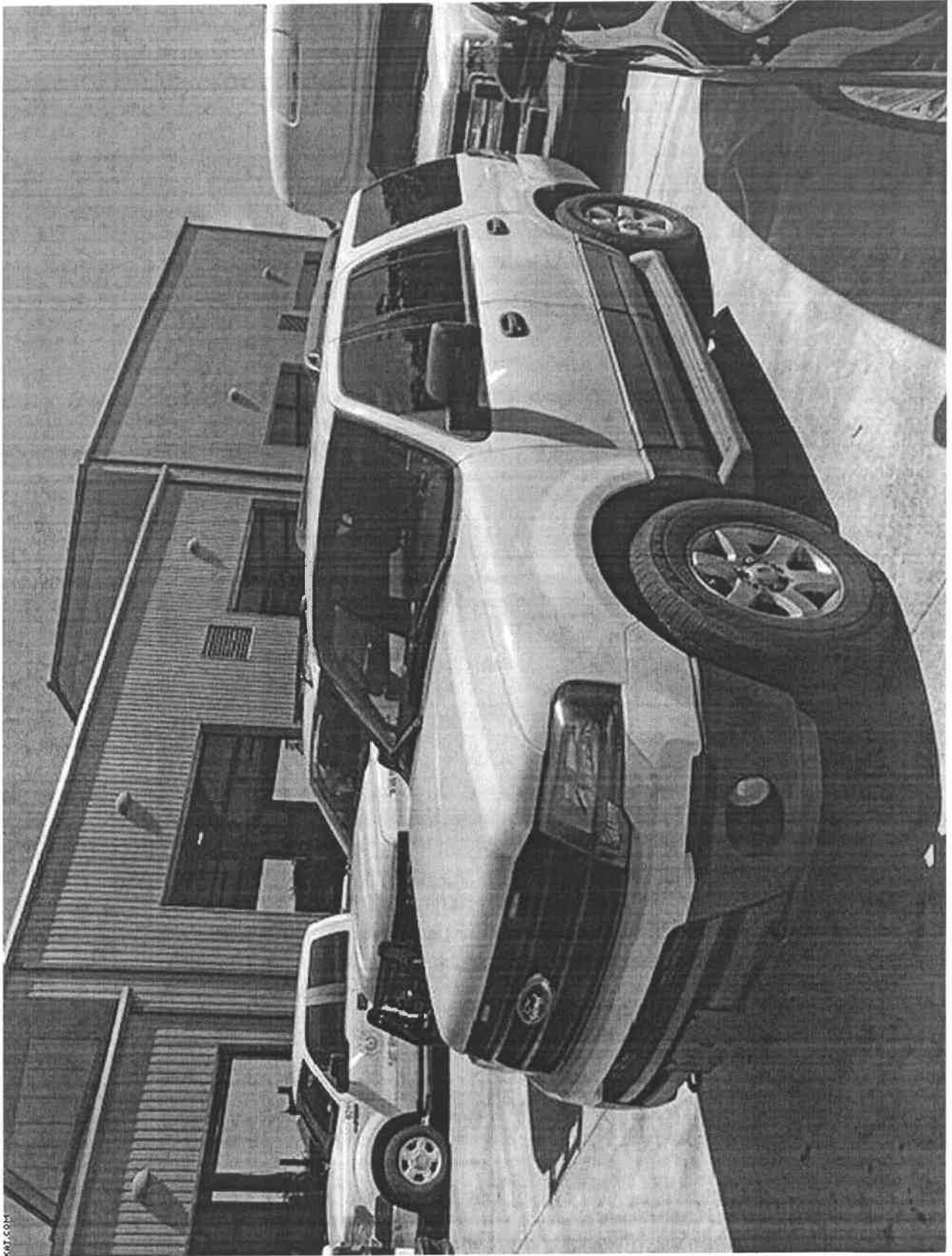
10/24/2024
Date Form Processed

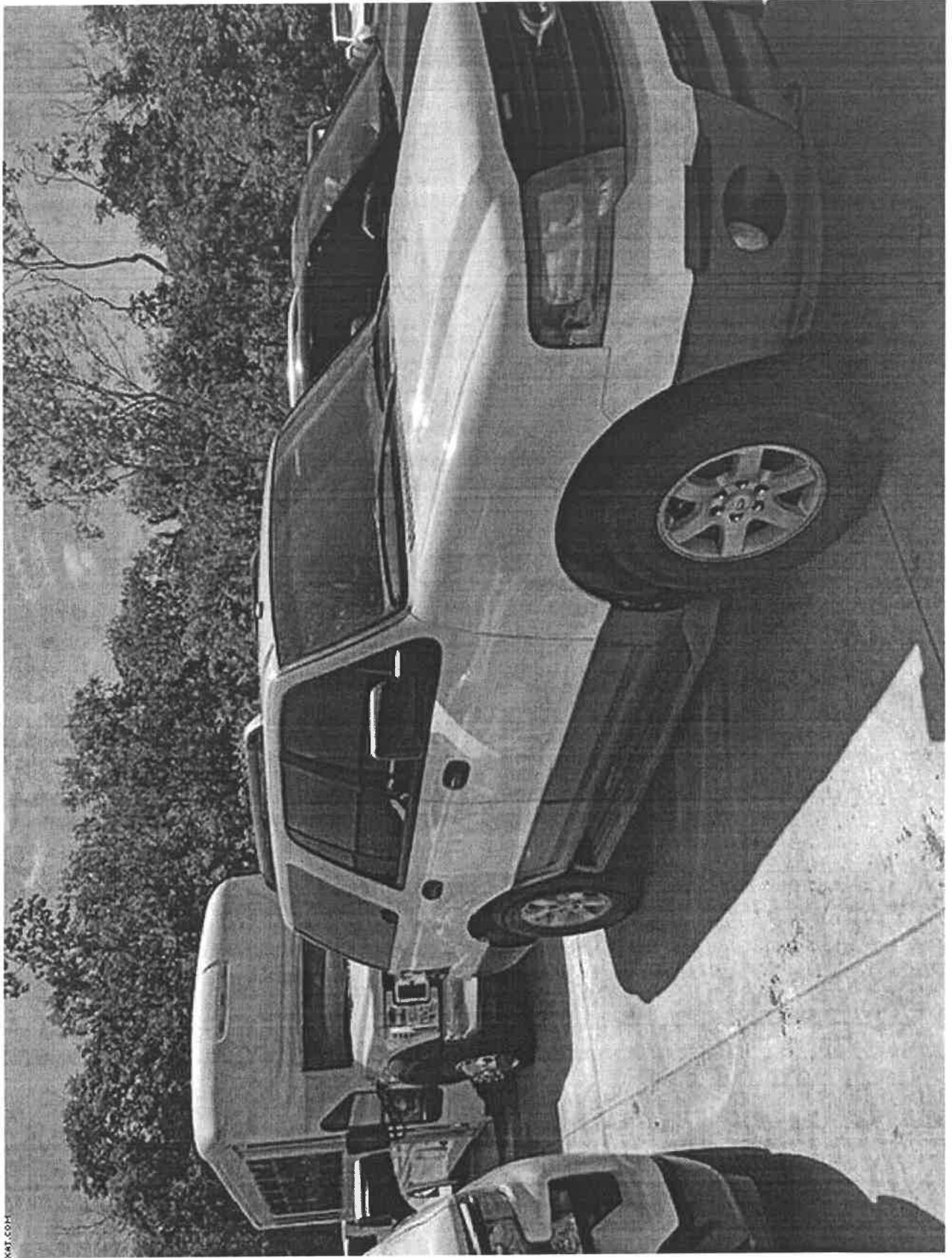
[Signature]
Fixed Asset Property Manager

9/23/24 7:39 AM

Vehicle Inspection Form

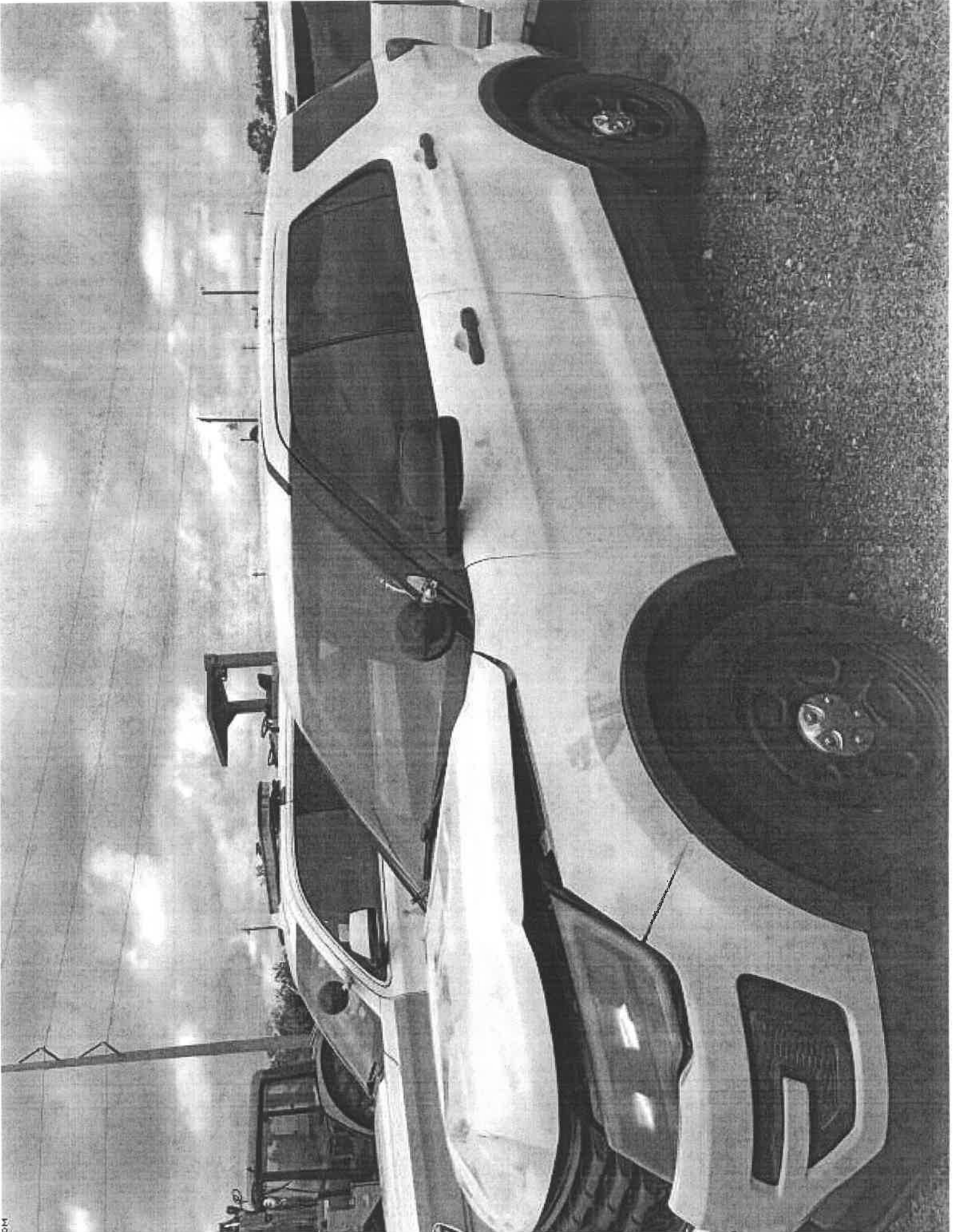
Inventory ID: C3807	Asset Number: 32374	Fair Market Value:																	
Short Description: Year <u>2018</u> Make <u>CHEVROLET</u> Model <u>TAHOE MPV</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>G</td><td>N</td><td>L</td><td>C</td><td>D</td><td>E</td><td>C</td><td>5</td><td>J</td><td>R</td><td>3</td><td>3</td><td>0</td><td>4</td><td>5</td><td>9</td></tr></table>		1	G	N	L	C	D	E	C	5	J	R	3	3	0	4	5	9	Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N
1	G	N	L	C	D	E	C	5	J	R	3	3	0	4	5	9			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>1</td><td>6</td><td>6</td><td>9</td><td>7</td></tr></table>		1	1	6	6	9	7	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____											
1	1	6	6	9	7														
Long Description:																			
This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only																			
Engine- Type: <u>5.3L, V8</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid																			
Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition																			
Repairs needed: _____																			
This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles																			
Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																			
Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition																			
Repairs Needed: _____																			
Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>WHITE</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <small>BULLSEYE ON WINDSHIELD</small>																			
Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings, Tire Condition: <u>POOR</u> Tread: _____ #Flat <u>1</u> Hubcaps # _____																			
Major Damage to: <u>FRONT BUMPER & LEFT FRONT QUARTER PANEL</u>																			
Additional Damage: _____																			
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions																			
Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>BLACK</u> <input checked="" type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: <u>WORN & STAINED; NO CENTER CONSOLE</u>																			
Damage to Dash/Floor: <u>WORN & STAINED; EXPOSED WIRING; SCRATCHED DASH</u>																			
Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input checked="" type="checkbox"/> AM/FM CD																			
<input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual																			
<input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control																			
Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats																			
Additional Equipment: _____																			
Manufacturer _____ Model _____ Serial # _____																			
<input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>DSY 9/11/2024</u>																			
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.																			

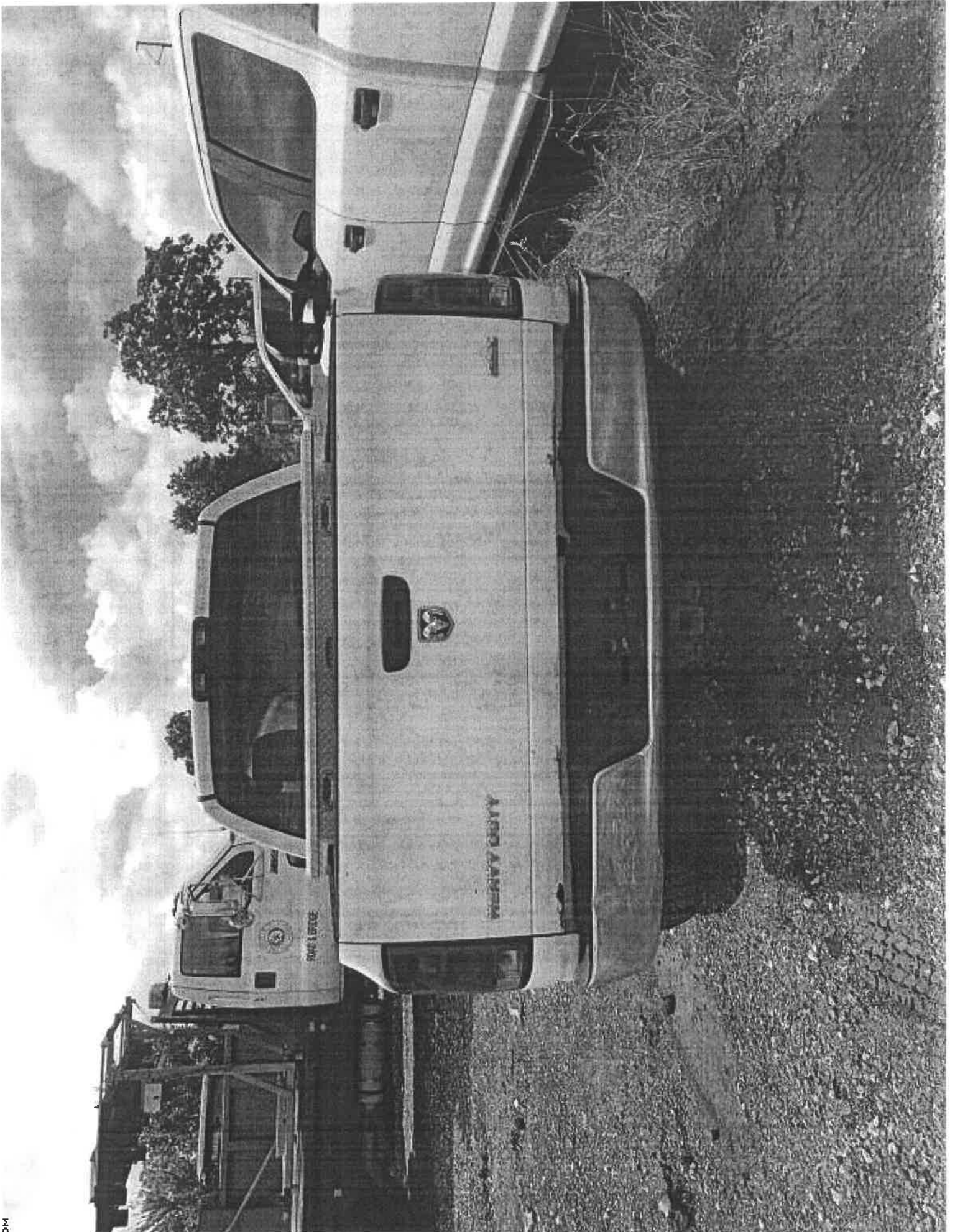




XART.COM

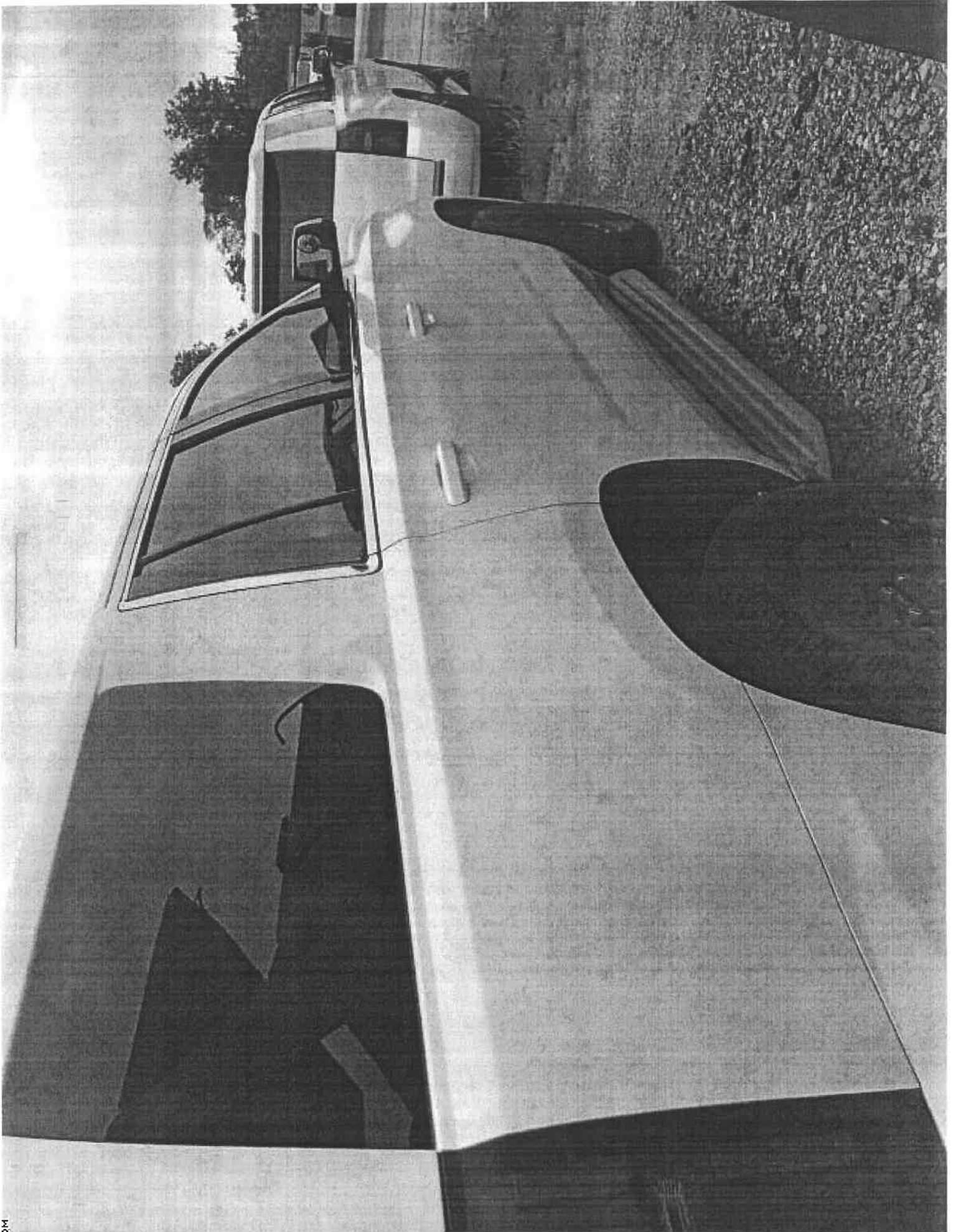


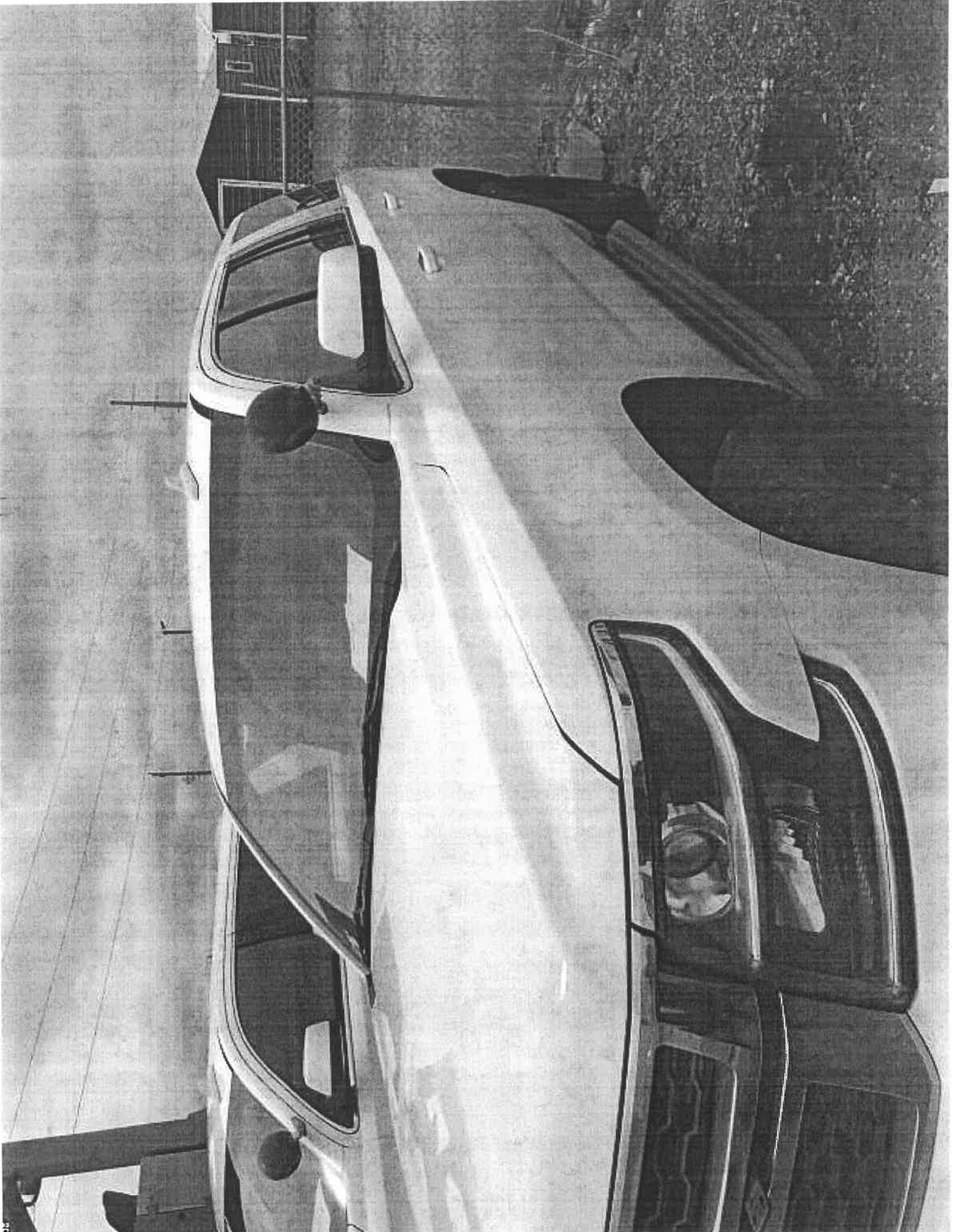


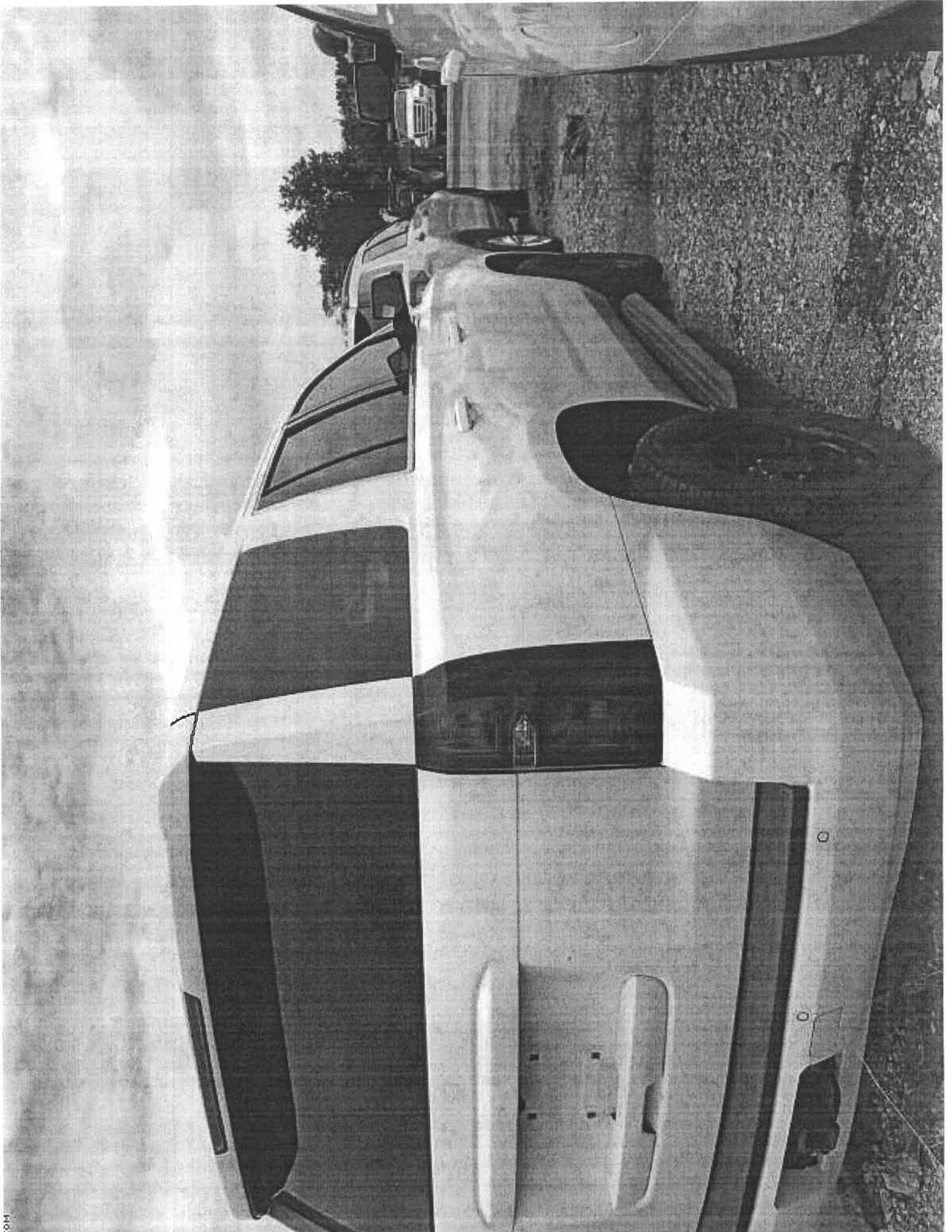


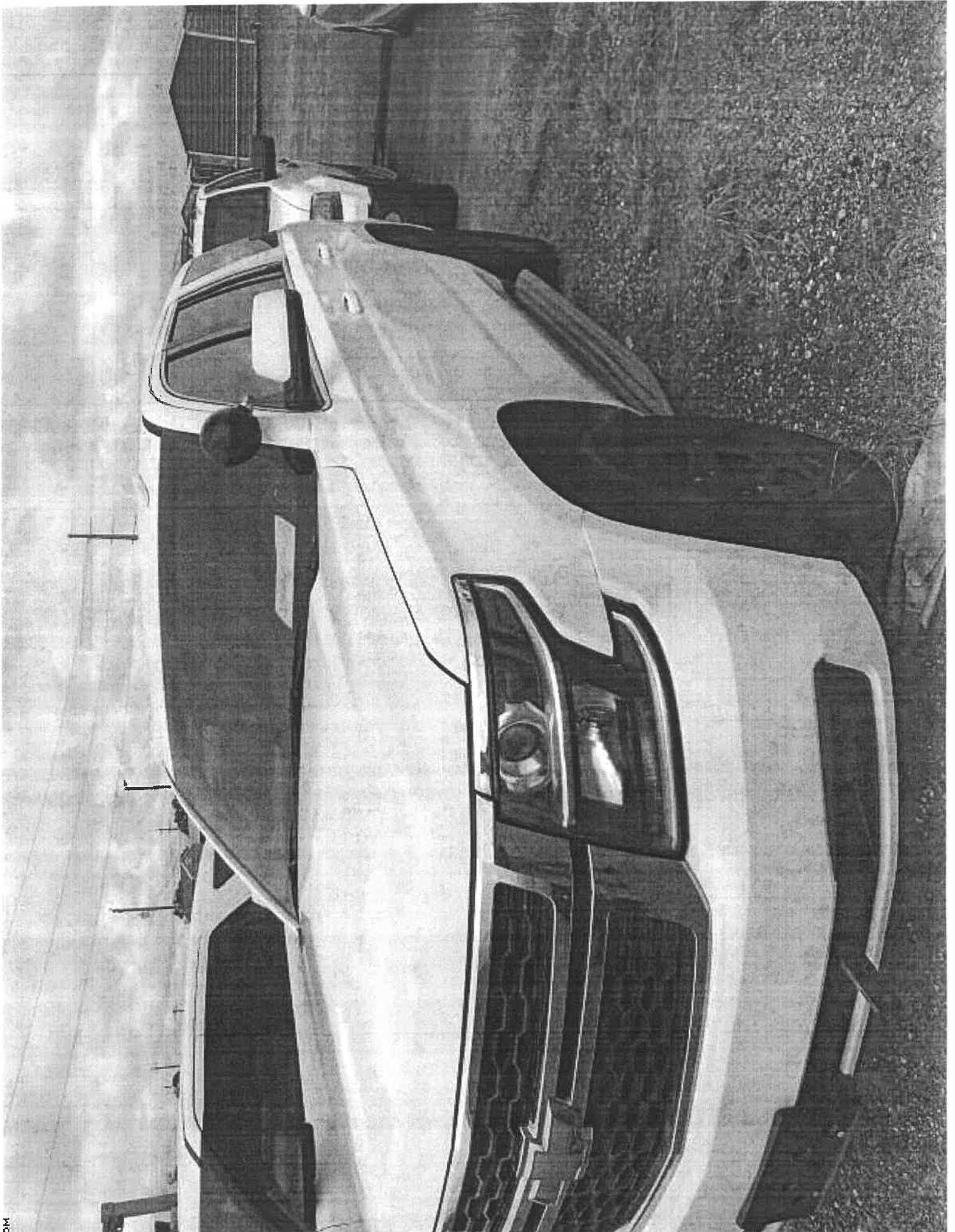


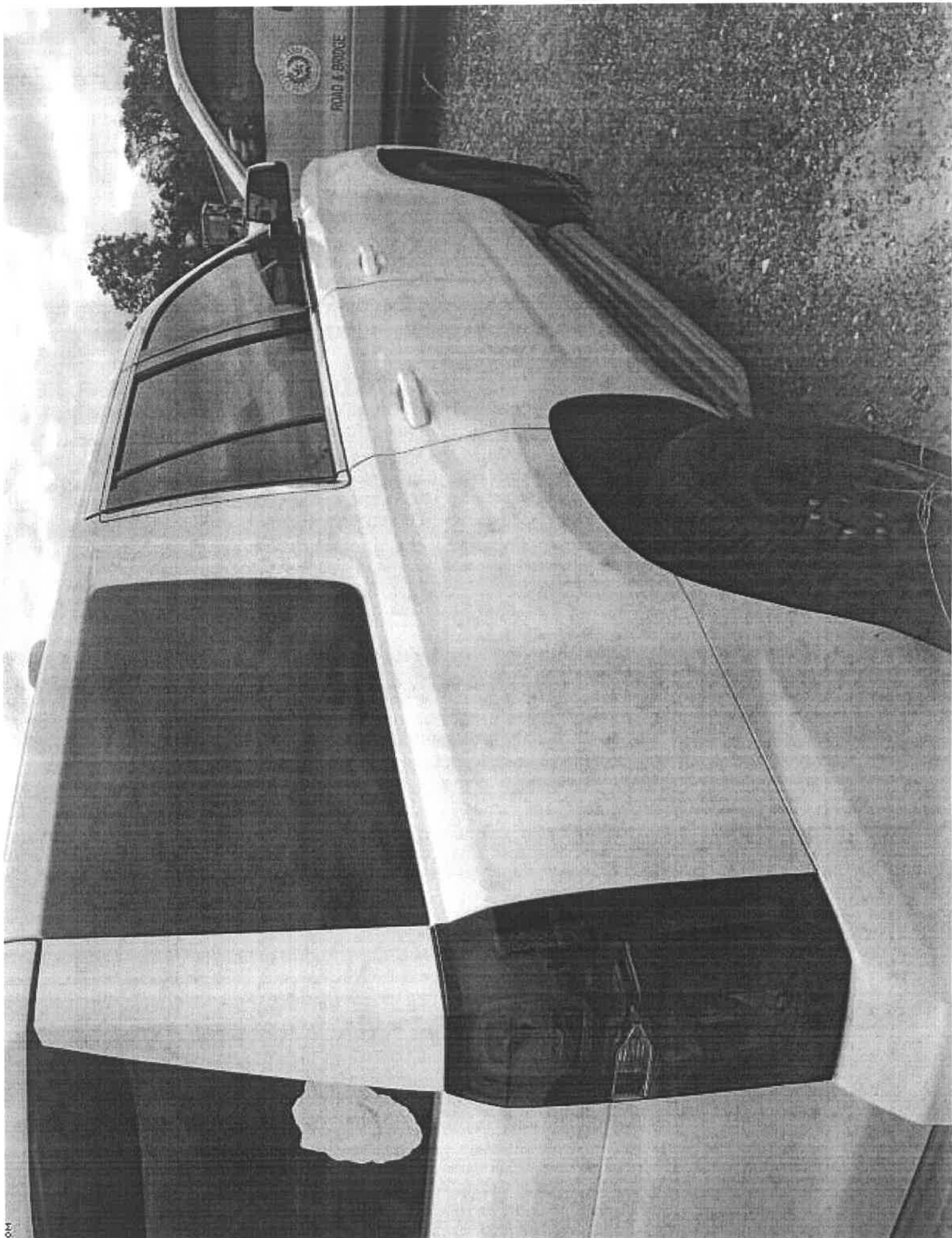


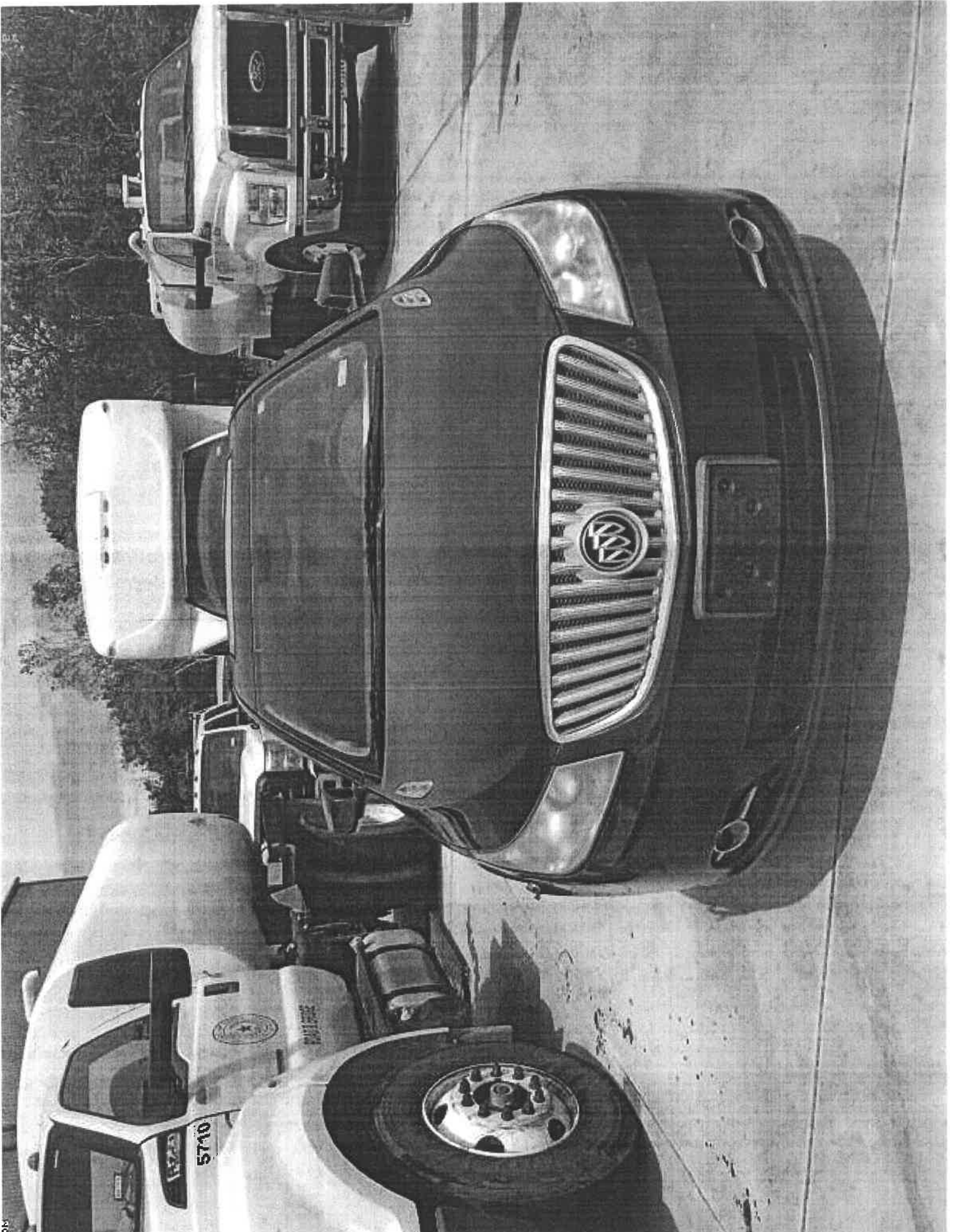


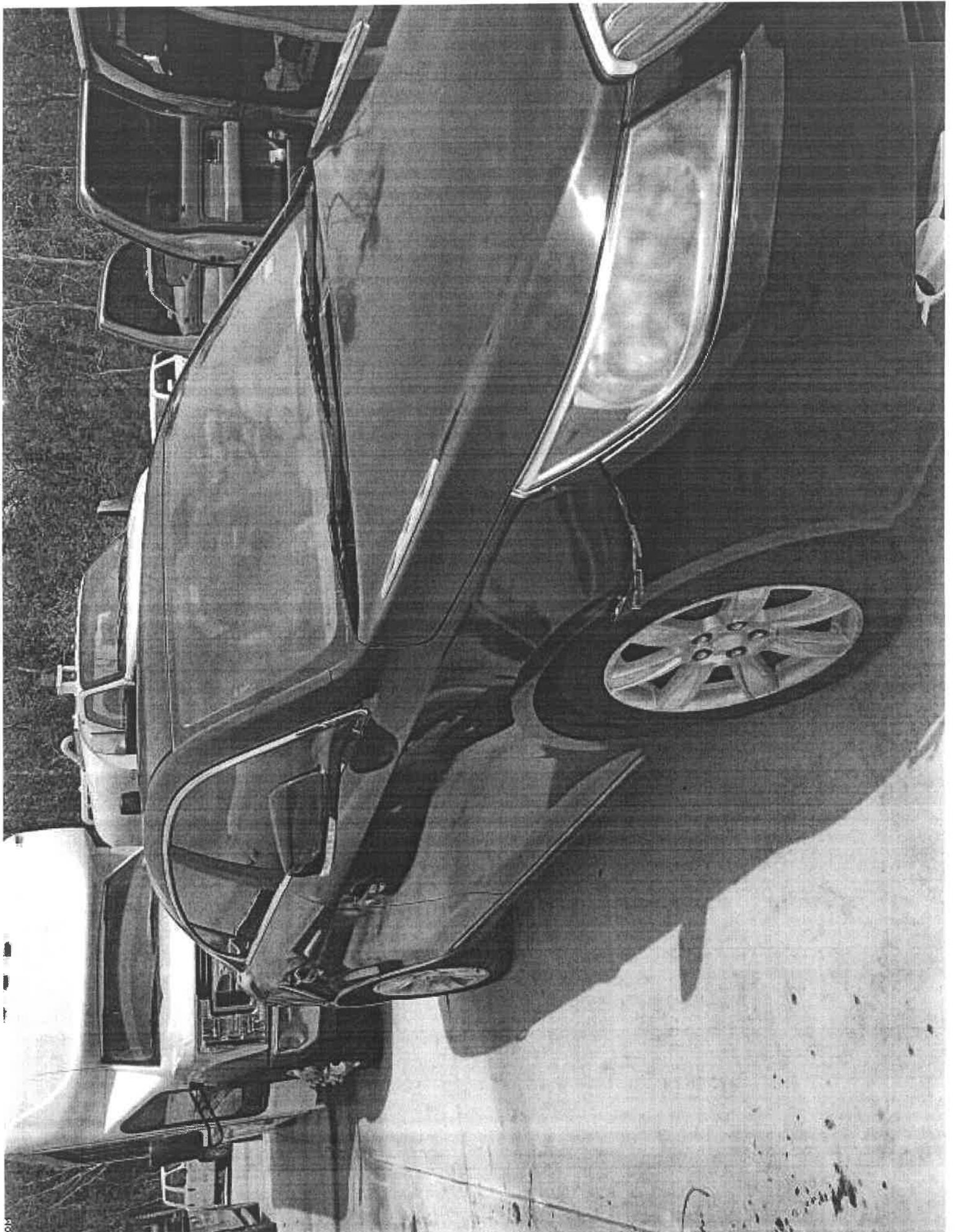












Dickey, Tammy

From: Nolan, Edward
Sent: Tuesday, November 5, 2024 3:16 PM
To: Dickey, Tammy
Subject: Agenda request for commissioners court 11/11/2024: 172111, FLEET (7) SURP VEHICLES 20241111
Attachments: 312110, RB SIGN SYSTEM PRINTER.pdf

Good afternoon,

Please place the following assets on the next available commissioners court for appropriate removal: **(312110, RB SIGN SYSTEM PRINTER.pdf)**:

FAID	S/N	MAKE/MODEL	Desc	Notes
32609	88C3636A	OKIDATA A00M64-007-SX-TFC	Sign printer	Replaced

Thanks!

Edward Nolan
Purchasing Asset Coordinator
Galveston County Purchasing Department
(409) 770-5417
(409) 621-7991 Fax
Edward.Nolan@co.galveston.tx.us

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11/1/24 9:15 AM



ASSET DISPOSAL REPORT

DATE: 10/30/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: Road & Bridge - Lee Crowder [Signature]

Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction
Theft
Destroyed by
Trade-In
Donated

Disposal of: 000000032609 PAID No.

Reason for disposal: Replaced

Serial No./VIN #:

From: 312110 Road & Bridge Location: 5115 Hwy 3 Dickinson, TX

Comments: Replaced by new sign fabrication machine

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PURCHASING DEPARTMENT USE ONLY

11/5/2024 Date Form Processed

[Signature] Fixed Asset Property Manager

Dickey, Tammy

From: Nolan, Edward
Sent: Tuesday, November 5, 2024 3:25 PM
To: Dickey, Tammy
Subject: Agenda request for commissioners court 11/11/2024: 296100, Flood Ctrl (2) File cabs 20241111
Attachments: 296100, Flood Ctrl (2) File cabs 20241111.pdf

Good afternoon,

Could we please place the following property item on the next available commissioners court for treatment as surplus:
(296100, Flood Ctrl (2) File cabs 20241111.pdf):

- (2) filing cabinets – rusted

Edward Nolan
Purchasing Asset Coordinator
Galveston County Purchasing Department
(409) 770-5417
(409) 621-7991 Fax
Edward.Nolan@co.galveston.tx.us

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PROPERTY DISPOSAL REPORT

DATE: 10/22/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 296100 Flood Control William Comeaux William Comeaux
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction _____
Date
- Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by
 Natural Disaster _____
Date
 Traffic Accident _____
Date
- Trade-In _____
Date
- Donated _____ Agency receiving donation: _____
Date

Disposal of: (2) Filing cabinets
FAID No. & Description

Reason for disposal: no longer needed

Serial No./VIN #: _____

From: 296100 Flood Control Location: _____
Department No. & Name Building, Floor, Suite, or Room No.

Comments: _____

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11/5/2024
Date Form Processed

Edward J. [Signature]
Fixed Asset Property Manager



GENERAL PROPERTY PRE-DISPOSAL DISCLOSURE FORM

Date: 10/22/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: William Comeaux William Comeaux 296100 Flood Control
Authorized Signature Print Name Department/Division

Re: Pre-disposal disclosure

Method of Disposal: Destroy Scrap Salvage Starting Bid \$ _____

Please describe the item to the best of your knowledge. Please list any and all defects.

Disposal of FAID No: N/A Description: (2) Filing cabinets

Make: _____ Model: _____

Serial/VIN: _____ Year: _____ Color: _____

Description of Use: Storage

Reason for Disposal: No longer needed

Is this item currently in sound working condition? Yes No

If no, please describe and list all defects.

Poor quality

Other: _____

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11/5/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

Dickey, Tammy

From: Nolan, Edward
Sent: Tuesday, November 5, 2024 3:39 PM
To: Dickey, Tammy
Subject: Agenda request for commissioners court 11/11/2024: 159100, Info Tech Servers 20241111
Attachments: 159100, Info Tech Servers 20241111.pdf

Good afternoon,

Please place the following assets on the next available commissioners court for appropriate removal: **(159100, Info Tech Servers 20241111.pdf)**:

FAID	S/N	MAKE MODEL	DESC	Notes
30349	CAT0908X0G2	CISCO CATALYST 3560	Switch	Old / sunset
32337		DELL POWEREDGE R730	Rack server	Old / sunset
32338		DELL POWEREDGE R730	Rack server	Old / sunset

Thanks!

Edward Nolan
Purchasing Asset Coordinator
Galveston County Purchasing Department
(409) 770-5417
(409) 621-7991 Fax
Edward.Nolan@co.galveston.tx.us

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ASSET DISPOSAL REPORT

DATE: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 159100, Information Technology, Lauren Michaels Lauren Michaels
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction
Theft
Destroyed by
Trade-In
Donated

Disposal of: 30349- Cisco Catalyst 3560 Series PoE 48
FAID No.

Reason for disposal: Old/sunset

Serial No./VIN #: CAT0908X0G2

From: 159100, Information Technology Location: Old Courthouse STE 202
Department No. & Name Building, Floor, Suite, or Room No.

Comments:

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10/31/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager



GENERAL ASSET PRE-DISPOSAL DISCLOSURE FORM

Date: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: Lauren Michaels Lauren Michaels Information Technology/159100
Authorized Signature Print Name Department/Division

Re: Pre-disposal disclosure

Method of Disposal: Destroy Scrap Salvage Starting Bid \$ _____

Please describe the item to the best of your knowledge. Please list any and all defects.

Disposal of FAID No: 30349 Description: Network Equipment

Make: Cisco Model: 3560 Series PoE 48

Serial/VIN: CAT0908X0G2 Year: N/A Color: N/A

Description of Use: Network equipment

Reason for Disposal: Old/sunset

Is this item currently in sound working condition? Yes No

If no, please describe and list all defects.

Other: _____

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PURCHASING DEPARTMENT USE ONLY

10/31/2024
Date Form Processed

Edward J. [Signature]
Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 159100, Information Technology, Lauren Michaels *Lauren Michaels*
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction _____
Date
- Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by
 Natural Disaster _____
Date
 Traffic Accident _____
Date
- Trade-In _____
Date
- Donated _____ Agency receiving donation: _____
Date

Disposal of: 32337- Dell PowerEdge R730
FAID No.

Reason for disposal: Old/sunset

Serial No./VIN #: FH4GXM2

From: 159100, Information Technology Location: Old Courthouse STE 202
Department No. & Name Building, Floor, Suite, or Room No.

Comments: _____

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PURCHASING DEPARTMENT USE ONLY

10/31/2024
Date Form Processed

Edward J. [Signature]
Fixed Asset Property Manager



GENERAL ASSET PRE-DISPOSAL DISCLOSURE FORM

Date: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: Lauren Michaels Lauren Michaels Information Technology/159100
Authorized Signature Print Name Department/Division

Re: Pre-disposal disclosure

Method of Disposal: Destroy Scrap Salvage Starting Bid \$

Please describe the item to the best of your knowledge. Please list any and all defects.

Disposal of FAID No: 32337 Description: Network equipment

Make: Dell Model: PowerEdge R730

Serial/VIN: FH4GXM2 Year: Color:

Description of Use: Network equipment

Reason for Disposal: Old/sunset

Is this item currently in sound working condition? Yes No

If no, please describe and list all defects.

Other: _____

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PURCHASING DEPARTMENT USE ONLY

10/31/2024
Date Form Processed

Edward J. [Signature]
Fixed Asset Property Manager



ASSET DISPOSAL REPORT

DATE: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 159100, Information Technology, Lauren Michaels Lauren Michaels
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction
Theft
Destroyed by
Trade-In
Donated

Disposal of: 32338- Dell PowerEdge R730
FAID No.

Reason for disposal: Old/sunset

Serial No./VIN #: FH4HXM2

From: 159100, Information Technology Location: Old Courthouse STE 202
Department No. & Name Building, Floor, Suite, or Room No.

Comments:

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PURCHASING DEPARTMENT USE ONLY

10/31/2024
Date Form Processed

Edward J. ...
Fixed Asset Property Manager



GENERAL ASSET PRE-DISPOSAL DISCLOSURE FORM

Date: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: Lauren Michaels Lauren Michaels Information Technology/159100
Authorized Signature Print Name Department/Division

Re: Pre-disposal disclosure

Method of Disposal: Destroy Scrap Salvage Starting Bid \$

Please describe the item to the best of your knowledge. Please list any and all defects.

Disposal of FAID No: 32338 Description: Network equipment

Make: Dell Model: PowerEdge R730

Serial/VIN: FH4HXM2 Year: Color:

Description of Use: Network equipment

Reason for Disposal: Old/sunset

Is this item currently in sound working condition? X Yes No

If no, please describe and list all defects.

Other:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

10/31/2024
Date Form Processed

Edward J. ...
Fixed Asset Property Manager

Dickey, Tammy

From: Nolan, Edward
Sent: Tuesday, November 5, 2024 3:50 PM
To: Dickey, Tammy
Subject: Agenda request for commissioners court 11/11/2024: 123301, Justice Ct Pct3 20241111
Attachments: 123301, Justice Ct Pct3 20241111.pdf

Good afternoon,

Could we please place the following property item on the next available commissioners court for treatment as surplus: **(123301, Justice Ct Pct3 20241111.pdf)**:

- (1) 4-drawer lateral filing cabinet
- (2) typewriters
- (6) boxes law books

Thanks!

Edward Nolan
Purchasing Asset Coordinator
Galveston County Purchasing Department
(409) 770-5417
(409) 621-7991 Fax
Edward.Nolan@co.galveston.tx.us

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PROPERTY DISPOSAL REPORT

DATE: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 123301, Justice Court Pct 3 Rosie Sifuentes
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

Auction _____
Date

Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date

Destroyed by
 Natural Disaster _____
Date
 Traffic Accident _____
Date

Trade-In _____
Date

Donated _____ Agency receiving donation: _____
Date

Disposal of: N/A - Furniture / Books / Type Writers
FAID No. & Description

Reason for disposal: Broken / No longer needed

Serial No./VIN #: _____

From: 123301, Justice Court Pct 3 Location: 600 59th St, 1st Floor, Galveston, TX
Department No. & Name Building, Floor, Suite, or Room No.

Comments: All items are in the Judge's Chambers - See attached

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PURCHASING DEPARTMENT USE ONLY

Date Form Processed

Fixed Asset Property Manager



GENERAL PROPERTY PRE-DISPOSAL DISCLOSURE FORM

Date: 10/24/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: Rosie Sifuentes Rosie Sifuentes 123301, Justice Court Pct 3
Authorized Signature Print Name Department/Division

Re: Pre-disposal disclosure

Method of Disposal: Destroy Scrap Salvage Starting Bid \$

Please describe the item to the best of your knowledge. Please list any and all defects.

Disposal of FAID No: N/A Description: Furniture / Books / Type Writers

Make: See attached Model: _____

Serial/VIN: _____ Year: _____ Color: _____

Description of Use: Furniture / research

Reason for Disposal: Broken / No longer needed

Is this item currently in sound working condition? Yes No

If no, please describe and list all defects.

Black File Cabinet no longer opens.

Other: _____

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Qty	Asset Tag	Description	Serial #	Make	Model	Notes
1	N/A	4-DRAWER LATERAL CAB	N/A			BROKEN DRAWER / SALVAGE
2	N/A	TYPE WRITERS	N/A			SURPLUS
3	N/A	LAW BOOKS	N/A			SURPLUS
4						
5						
6						
7						
8						
9						
10						
11						

Dickey, Tammy

From: Nolan, Edward
Sent: Tuesday, November 5, 2024 4:29 PM
To: Dickey, Tammy
Subject: Agenda request for commissioners court 11/11/2024: 151400, Professional Services 20241111
Attachments: 151400, Professional Services 20241111.pdf

Good afternoon,

Could we please place the following property item on the next available commissioners court for treatment as surplus: **(151400, Professional Services 20241111.pdf)**:

#	Qty	Description	Condition/Notes
1	2	Rolling office chair	Surplus
2	4	3-hole punch	Surplus
3	4	2-hole punch	Surplus
4	8	Conference chairs	Surplus
5	2	Zebra label ribbons	Surplus
6	1	Desk lamp	Surplus
7	1	reg stapler	Surplus
8	1	high cap stapler	Surplus
9	1	laptop bag (14 inch cap?)	Surplus
10	2	plastic monitor stands	Surplus

Thanks!

Edward Nolan
Purchasing Asset Coordinator
Galveston County Purchasing Department
(409) 770-5417
(409) 621-7991 Fax
Edward.Nolan@co.galveston.tx.us

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PROPERTY DISPOSAL REPORT

DATE: 11/05/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 151400, Professional Services Betsy Thomas Betsy Thomas
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL

- Auction** _____
Date
- Theft** _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by**
- Natural Disaster _____
Date
 - Traffic Accident _____
Date
- Trade-In** _____
Date
- Donated** _____ Agency receiving donation: _____
Date

Disposal of: N/A - misc office equip, see sheet
FAID No. & Description

Reason for disposal: no longer needed

Serial No./VIN #: _____

From: 151400, Professional Services Location: 722 Moody, Ste 3
Department No. & Name Building, Floor, Suite, or Room No.

Comments: _____

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11/5/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager



GENERAL PROPERTY PRE-DISPOSAL DISCLOSURE FORM

Date: 11/05/2024

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: Betsy Thomas Betsy Thomas 151400, Professional Services
Authorized Signature Print Name Department/Division

Re: Pre-disposal disclosure

Method of Disposal: Destroy Scrap Salvage Starting Bid \$ _____

Please describe the item to the best of your knowledge. Please list any and all defects.

Disposal of FAID No: N/A Description: misc office equip, see sheet

Make: _____ Model: _____

Serial/VIN: _____ Year: _____ Color: _____

Description of Use: Misc office items / desktop & chairs

Reason for Disposal: No longer needed

Is this item currently in sound working condition? Yes No

If no, please describe and list all defects.

Other: _____

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Date Form Processed

[Signature]
Fixed Asset Property Manager

#	Qty	FAID	Make	Model	Serial #	Description	Condition/Notes
1	2					Rolling office chair	Surplus
2	4					3-hole punch	Surplus
3	4					2-hole punch	Surplus
4	8					Conference chairs	Surplus
5	2					Zebra label ribbons	Surplus
6	1					Desk lamp	Surplus
7	1					reg stapler	Surplus
8	1					high cap stapler	Surplus
9	1					laptop bag (14 inch cap?)	Surplus
10	2					plastic monitor stands	Surplus





Nolan, Edward

From: Nolan, Edward
Sent: Tuesday, November 5, 2024 4:36 PM
To: Dickey, Tammy
Subject: Agenda request for commissioners court 11/11/2024: 151500 Tax Office Surp Salvg - 20241111

Good afternoon,

Could we please place the following property item on the next available commissioners court for treatment as surplus:
(151500 Tax Office Surp Salvg - 20241111.pdf):

	Qty	Description	Serial #	Make	Model	Notes
1	2	Printer cartridges		Premium Toner Cartridge	HE-CF 287x	no longer being pack of 2
2	12	Stackable letter trays				style no longer plastic, black
3	1	5 file organizer		Boon-Chapman		black, metal, no needed
4	2	brochure holders				clear, acrylic, no used
5	1	4 tier brochure holder		Staples		clear, acrylic, no used
6	1	6 file organizer				black, metal, no needed
7	3	letter organizer		Rubbermaid		
8	2	212x printer cartridges		Premium Toner Cartridge		4 pack: cyan, yellow, magenta, black
9	4	cash drawers				metal, black
10	2	brochure holders				acrylic, clear
11	1	oscillating fan	E90368	Holmes	HASF-1516	broken
12	3	wire file organizers				chrome, metal
13	1	wire file organizers				black, metal, no needed
14	1	stapler		Swingline	747	black, broken
15	1	luggage/tote bag		Samsonite		black, not being
16	3	keyboards		Hp	HQ-Tre	broken
17	3	keyboards		Dell		broken
18	1	electric stapler		Bostitch		broken
19	1	phone	INM09292EEF	Cisco	7940	broken
20	2	desk organizers				black, not being



GENERAL PROPERTY PRE-DISPOSAL DISCLOSURE FORM

Date: 10-8-24

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] **Kathleen Moreno** **151500, Tax Office**
Authorized Signature Print Name Department/Division

Re: Pre-disposal disclosure

Method of Disposal: Destroy Scrap Salvage Starting Bid \$ _____

Please describe the item to the best of your knowledge. Please list any and all defects.

Disposal of FAID No: N/A Description: See attached sheet

Make: See attached sheet Model: _____

Serial/VIN: _____ Year: _____ Color: _____

Description of Use: Office items

Reason for Disposal: no longer needed

Is this item currently in sound working condition? Yes No

If no, please describe and list all defects.

Other: _____

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11/5/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager



PROPERTY DISPOSAL REPORT

DATE: 0-18-24

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 151500, Tax Office, Kathleen Moreno
Department No. & Name, Department Asset Custodian Authorized Signature

Re: Please amend the inventory to reflect the following change(s) due to DISPOSAL

METHOD OF DISPOSAL:

- Auction _____
Date
- Theft _____ (Attach the Law Enforcement Agency Theft Report)
Date
- Destroyed by
 - Natural Disaster _____
Date
 - Traffic Accident _____
Date
- Trade-In _____
Date
- Donated _____ Agency receiving donation:
Date

Disposal of: See attached list
FAID No. & Description

Reason for disposal: See attached list

Serial No./VIN #: _____

From: 151500, Tax Office
Department No. & Name

Location: 722 Moody Ave, Fl 2
Building, Floor, Suite, or Room No.

Comments: _____

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11/5/2024
Date Form Processed

[Signature]
Fixed Asset Property Manager

Qty	Description	Serial #	Make	Model	Notes
1	Printer cartridges		Premium Toner Cartridge	HE-CF 287x	no longer being used, pack of 2
2	Stackable letter trays				style no longer used, plastic, black
3	5 file organizer		Boon-Chapman		black, metal, no longer needed
4	brochure holders				clear, acrylic, no longer used
5	4 tier brochure holder		Staples		clear, acrylic, no longer used
6	6 file organizer				black, metal, no longer needed
7	letter organizer		Rubbermaid Premium Toner Cartridge		
8	212x printer cartridges				4 pack: cyan, yellow, magenta, black
9	cash drawers				metal, black
10	brochure holders				acrylic, clear
11	oscillating fan	E90368	Holmes	HASF-1516	broken
12	wire file organizers				chrome, metal
13	wire file organizers				black, metal, no longer needed
14	stapler		Swingline	747	black, broken
15	luggage/tote bag		Samsonite		black, not being used
16	keyboards		Hp	HQ-Tre	broken
17	keyboards		Dell		broken
18	electric stapler		Bostitch		broken
19	phone	INM09292EEF	Cisco	7940	broken
20	desk organizers				black, not being used
21	pencil holder		rubbermaid	51906	black, not being used
22	keyboard drawer				beige, not being used