



## THE COUNTY OF GALVESTON

VERONICA VAN HORN  
INTERIM PURCHASING AGENT

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

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

September 15, 2025

Honorable County Judge  
Honorable County Commissioners' Court  
Galveston County Courthouse  
Galveston, Texas 77550

### 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 have been exhausted.

Your consideration in this matter will be greatly appreciated.

Respectfully submitted,

A handwritten signature in cursive script that reads "Veronica Van Horn".

Veronica Van Horn  
Interim Purchasing Agent

## Dickey, Tammy

---

**From:** Nolan, Edward  
**Sent:** Friday, August 22, 2025 10:21 AM  
**To:** Dickey, Tammy  
**Subject:** Agenda request for commissioners court 09/15/2025: 211101, SO Furniture Surplus 20250915  
**Attachments:** 211101, SO Furniture Surplus 20250915.pdf

Good morning,

Could we please place the following property items on the next available commissioners court for appropriate removal or reallocation: **(211101, SO Furniture Surplus 20250915pdf):**

| #  | Qty | FAID | Make     | Model   | Serial # | Description                    | Condition/Notes            |
|----|-----|------|----------|---------|----------|--------------------------------|----------------------------|
| 1  | 20+ |      |          |         |          | Cabinets (file & other)        | Various sizes & shapes     |
| 2  | 19  |      |          |         |          | desks                          | Various sizes & conditions |
| 3  | 2   |      |          |         |          | hutches                        |                            |
| 4  | 1   |      | Hiair    |         |          | mini refrigerator              |                            |
| 5  | 1   |      | Sylvania |         |          | 24" Television                 |                            |
| 6  | 1   |      | Mesa     |         |          | Drop-box Safe                  |                            |
| 7  | 1   |      | Fagor    | Concept |          | (oven / autoclave?)            |                            |
| 8  | 1   |      |          |         |          | Stepladder (4 ft)              |                            |
| 9  | 9+  |      |          |         |          | cube storages & write surfaces | parts of modular storage   |
| 10 | 5   |      |          |         |          | rolling carts                  |                            |

Thanks!

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

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## PROPERTY DISPOSAL REPORT

DATE: 08/20/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 211101, Sheriff's Office Chief Deputy Melencio Villarreal  
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

Date

(Attach the Law Enforcement Agency Theft Report)

☐ Destroyed by

☐ Natural Disaster

Date

☐ Traffic Accident

Date

☐ Trade-In

Date

☐ Donated

Date

Agency receiving donation:

Disposal of: N/A - Furniture - see attached sheet

FAID No. & Description

Reason for disposal: Replaced furniture

Serial No./VIN #:

From: 211101, Sheriff's Office

Department No. & Name

Location: Justice Center

Building, Floor, Suite, or Room No.

Comments:

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

### PURCHASING DEPARTMENT USE ONLY

8/25/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager



## GENERAL PROPERTY PRE-DISPOSAL DISCLOSURE FORM

Date: 08/20/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] Chief Deputy Melencio Villarreal 211101, Sheriff's 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: Furniture - see attached sheet

Make:  Model:

Serial/VIN:  Year:  Color:

Description of Use: Furniture

Reason for Disposal: Replaced furniture

Is this item currently in sound working condition? ☒ 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

8/22/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager

| #  | Qty | FAID | Make     | Model   | Serial # | Description                    | Condition/Notes            |
|----|-----|------|----------|---------|----------|--------------------------------|----------------------------|
| 1  | 20+ |      |          |         |          | Cabinets (file & other)        | Various sizes & shapes     |
| 2  | 19  |      |          |         |          | desks                          | Various sizes & conditions |
| 3  | 2   |      |          |         |          | hutches                        |                            |
| 4  | 1   |      | Hiair    |         |          | mini refrigerator              |                            |
| 5  | 1   |      | Sylvania |         |          | 24" Television                 |                            |
| 6  | 1   |      | Mesa     |         |          | Drop-box Safe                  |                            |
| 7  | 1   |      | Fagor    | Concept |          | (oven / autoclave?)            |                            |
| 8  | 1   |      |          |         |          | Stepladder (4 ft)              |                            |
| 9  | 9+  |      |          |         |          | cube storages & write surfaces | parts of modular storage   |
| 10 | 5   |      |          |         |          | rolling carts                  |                            |
| 11 |     |      |          |         |          |                                |                            |
| 12 |     |      |          |         |          |                                |                            |
| 13 |     |      |          |         |          |                                |                            |
| 14 |     |      |          |         |          |                                |                            |
| 15 |     |      |          |         |          |                                |                            |
| 16 |     |      |          |         |          |                                |                            |







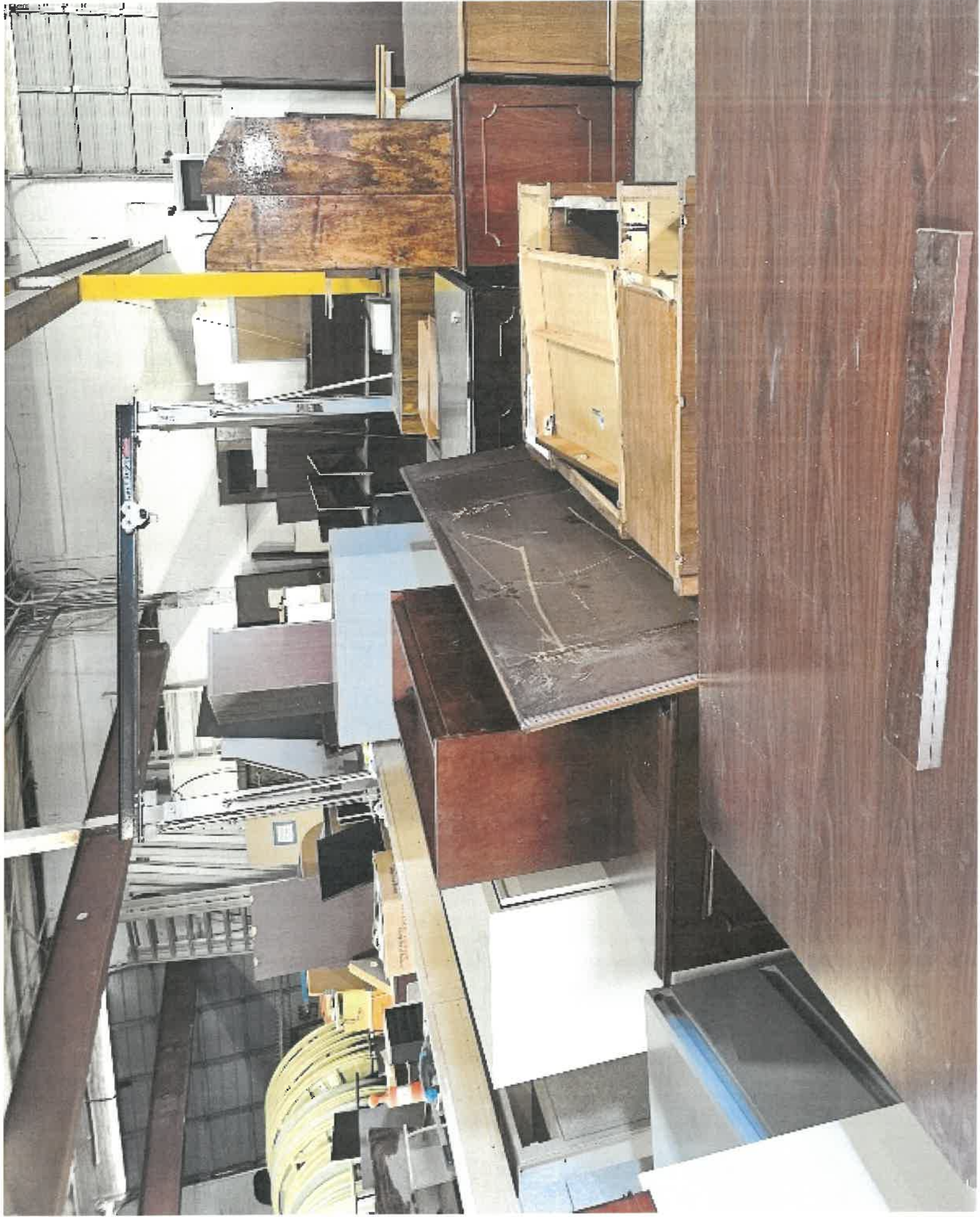




















## Dickey, Tammy

**From:** Nolan, Edward  
**Sent:** Thursday, August 28, 2025 12:43 PM  
**To:** Dickey, Tammy  
**Subject:** Agenda request for commissioners court 09/15/2025: 170100, Facilities - Warehouse surp 20250515  
**Attachments:** 170100, Facilities - Warehouse surp 20250515.pdf

Good afternoon,

Could we please place the following property items on the next available commissioners court for appropriate removal or reallocation or treatment as salvage: **(170100, Facilities - Warehouse surp 20250515.pdf)**:

| # | Qty | FAID | Make      | Model         | Serial #     | Description                           | Condition/Notes                                |
|---|-----|------|-----------|---------------|--------------|---------------------------------------|--|
| 1 | 20+ | N/A  |           |               |              | Built-in cabinets (apprx count)       | From temp buildings / decent quality / surplus |
| 2 | 15+ | N/A  |           |               |              | Particle wood desks (apprx count)     | Salvage / particle board crumbles on re-build  |
| 3 | 6+  | N/A  |           |               |              | Corian lab tables from Med Exam       | Salvage  |
| 4 | 1   | N/A  | Aprilaire | 1710A         | 332013A72342 | Dehumidifier                          |  |
| 5 | 20+ | N/A  | Various   |               |              | Motors (apprx count) - broken / dmg'd | Salvage / broken motors (small)                |
| 6 | 1   | N/A  | True      | T-49          | 7233812      | Scientific Refrigerator - broken      | Salvage  |
| 7 | 1   | N/A  | Lochinvar | 100148525     | 102745524    | Water heater                          | Non-working - salvage                          |
| 8 | 1   | N/A  | Trane     | TTA120A 300GB | 172721H5YA   | Condenser                             | Non-working - salvage                          |
| 9 | 8+  | N/A  |           |               |              | Assemble-desks (cabinets + topper)    | surplus / from temp buildings                  |

Thanks!

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

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## PROPERTY DISPOSAL REPORT

DATE: 08/28/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 170100, Facilities Misty Witmer, CIO

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 Items - see attached sheet  
FAID No. & Description

Reason for disposal: Replaced / broken / No longer needed

Serial No./VIN #: \_\_\_\_\_

From: 170100, Facilities Location: Old Skills Garage  
Department No. & Name Building, Floor, Suite, or Room No.

Comments: \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

### PURCHASING DEPARTMENT USE ONLY

8/28/2025  
Date Form Processed

Edward J. [Signature]  
Fixed Asset Property Manager



## GENERAL PROPERTY PRE-DISPOSAL DISCLOSURE FORM

Date: 08/28/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: [Signature] Misty Witmer, CIO 170100, Facilities  
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 Items - see attached sheet

Make:        Model:       

Serial/VIN:        Year:        Color:       

Description of Use: Furnishings / built-ins / misc items

Reason for Disposal: Replaced / broken / No longer needed

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

If no, please describe and list all defects.

Other:       

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

**PURCHASING DEPARTMENT USE ONLY**

8/28/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager

| #  | Qty | FAID | Make      | Model            | Serial #     | Description                           | Condition/Notes                                |
|----|-----|------|-----------|------------------|--------------|---------------------------------------|--|
| 1  | 20+ | N/A  |           |                  |              | Built-in cabinets (apprx count)       | From temp buildings / decent quality / surplus |
| 2  | 15+ | N/A  |           |                  |              | Particle wood desks (apprx count)     | Salvage / particle board crumbles on re-build  |
| 3  | 6+  | N/A  |           |                  |              | Corian lab tables from Med Exam       | Salvage  |
| 4  | 1   | N/A  | Aprilaire | 1710A            | 332013A72342 | Dehumidifier                          |  |
| 5  | 20+ | N/A  | Various   |                  |              | Motors (apprx count) - broken / dmg'd | Salvage / broken motors (small)                |
| 6  | 1   | N/A  | True      | T-49             | 7233812      | Scientific Refrigerator - broken      | Salvage  |
| 7  | 1   | N/A  | Lochinvar | 100148525        | 102745524    | Water heater                          | Non-working - salvage                          |
| 8  | 1   | N/A  | Trane     | TTA120A<br>300GB | 172721H5YA   | Condenser                             | Non-working - salvage                          |
| 9  | 8+  | N/A  |           |                  |              | Assemble-desks (cabinets + topper)    | surplus / from temp buildings                  |
| 10 |     |      |           |                  |              |                                       |  |
| 11 |     |      |           |                  |              |                                       |  |
| 12 |     |      |           |                  |              |                                       |  |
| 13 |     |      |           |                  |              |                                       |  |
| 14 |     |      |           |                  |              |                                       |  |
| 15 |     |      |           |                  |              |                                       |  |
| 16 |     |      |           |                  |              |                                       |  |



# True®

True Manufacturing Co., Inc.  
True Refrigeration™  
O'Fallon, MO 63366  
MADE IN THE USA

CABINET  
SERIAL  
NUMBER:

## 7233812



7233812

MODEL: **T-49**

DESIGN PRESSURES - PSIG

(N/cm<sup>2</sup>)

HIGH SIDE 312 (215, 1)

LOW SIDE 140 (96, 5)

| HP  | VOLTAGE | HZ | PH | F.L. AMPS |
|-----|---------|----|----|-----------|
| 1/2 | 115     | 60 | 1  | 9.1       |

REFRIG UNIT:  
**NEK6212Z**

CHARGE

REFRIGERANT: **R134A**

**12 (340)oz. (w)**

THIS UNIT LISTED UNDER N.S.F. NO. 7

# DBB

U.S. PATENT NUMBERS:  
5,553,354/5,433,082/5,699,676  
D273,298/D271,107/5,584,547  
6,792,769

DO NOT CLEAN LABEL WITH SOLVENT  
**DRL**



LISTED



LISTED

LISTED  
COMMERCIAL  
REFRIGERATION  
3346

COMMERCIAL  
REFRIGERATION  
AND FREEZER  
WITH ENERGY  
EFFICIENT  
ASHTD-22  
72-3535-19912

TRUE REFRIGERATION

MADE IN

U.S.A.

SINCE 1945





TRANE  
CLARKSVILLE, TN  
ASSEMBLED IN MEXICO

Odyssey™

MODEL NO. ITA1201300GB  
MFG. DATE 7/2017

SERIAL NO. 172721H5YA  
SUITABLE FOR OUTDOOR USE

REF. COOL. (1) 100 TON 208-230V 3PH 60HZ 225LRA  
REF. COOL. (1) 5.0 CTR 208-230V 1PH 60HZ .5 HP  
TEST PRESS HIGH 375 LOW 150

|                      |          |     |    |
|----------------------|----------|-----|----|
| REF. REFRIG. OIL 125 | 15.1 CTR | LB5 | 02 |
| REF. REFRIG. OIL 125 | 15.1 CTR | LB5 | 02 |

FOR CHARGING DATA SEE UNIT SERVICE FACTS

MIN. CKT. AMPS 42.6

DATA FOR USA INSTALLATION

MAX. FUSE (AMPS) 60      HACR TYPE CKT. BREAKER 60 AMPS

REPLACEMENT ONLY

DATA FOR CANADIAN INSTALLATION

MAX. FUSE (AMPS) 60      CKT. BREAKER 60 AMPS

SEE 'ELECTRIC HEATER INSTALLED'  
NAMEPLATE FOR HEATER RATING

EQUIPMENT COMPLIES WITH THE  
REQUIREMENTS OF ASHRAE STANDARD 90.1

43674366A REV-A



CONFORMS TO UL STD 1996  
CERTIFIED TO CAN/CSA STD C22.2 NO. 236

4367-1624-1400 REV H





# Lochinvar



LISTED  
220



CLASSIFIED  
WATER QUALITY  
ANSI/NFPA-5

## COMMERCIAL STORAGE TANK WATER HEATER



LLC

| MODEL NUMBER | SERIAL NUMBER | ITEM ID/PART NUMBER |
|--------------|---------------|---------------------|
| 100148525    | 102745524     | HSX54080            |

| PHASE | VOLTS-AC | No. OF<br>ELEMENTS | WATTS<br>EACH | WATTS<br>TOTAL |
|-------|----------|--------------------|---------------|----------------|
| 1/3   | 480      | 9                  | 6000          | 54,000         |

| CAPACITY US GAL |          | STANDBY LOSS |       | MAX WORKING<br>PRESSURE |
|-----------------|----------|--------------|-------|-------------------------|
| RATED           | MEASURED | %            | WATTS |                         |
| 75              | 80       | 1            | 81    | 150.0                   |

Lochinvar, LLC  
300 Maddox Simpson Pkwy  
Lebanon, TN 37080





# CAUTION ATTENTION

**Moving Parts. Do not operate unit  
with access panels removed.**

***Pièces mobiles. Ne pas faire fonctionner l'appareil  
si les panneaux d'accès ne sont pas en place.***

**Risk of Electric Shock. Disconnect  
power before servicing unit.**

***Risque de décharge électrique.  
Débrancher l'appareil avant d'en faire l'entretien.***

**Hot parts. Do not operate with access panels removed.  
Les pièces deviennent très chaudes. Ne pas faire fonctionner  
l'appareil si les panneaux d'accès ne sont pas en place.**

# Aprilaire®

## DEHUMIDIFIER Model 1710A

110/120VAC, 60 HZ, 8 AMPS

THERMALLY PROTECTED MOTORS

REFRIGERANT: 410A, 23 OZ

MAXIMUM DESIGN PRESSURE (PSIG):



Inte

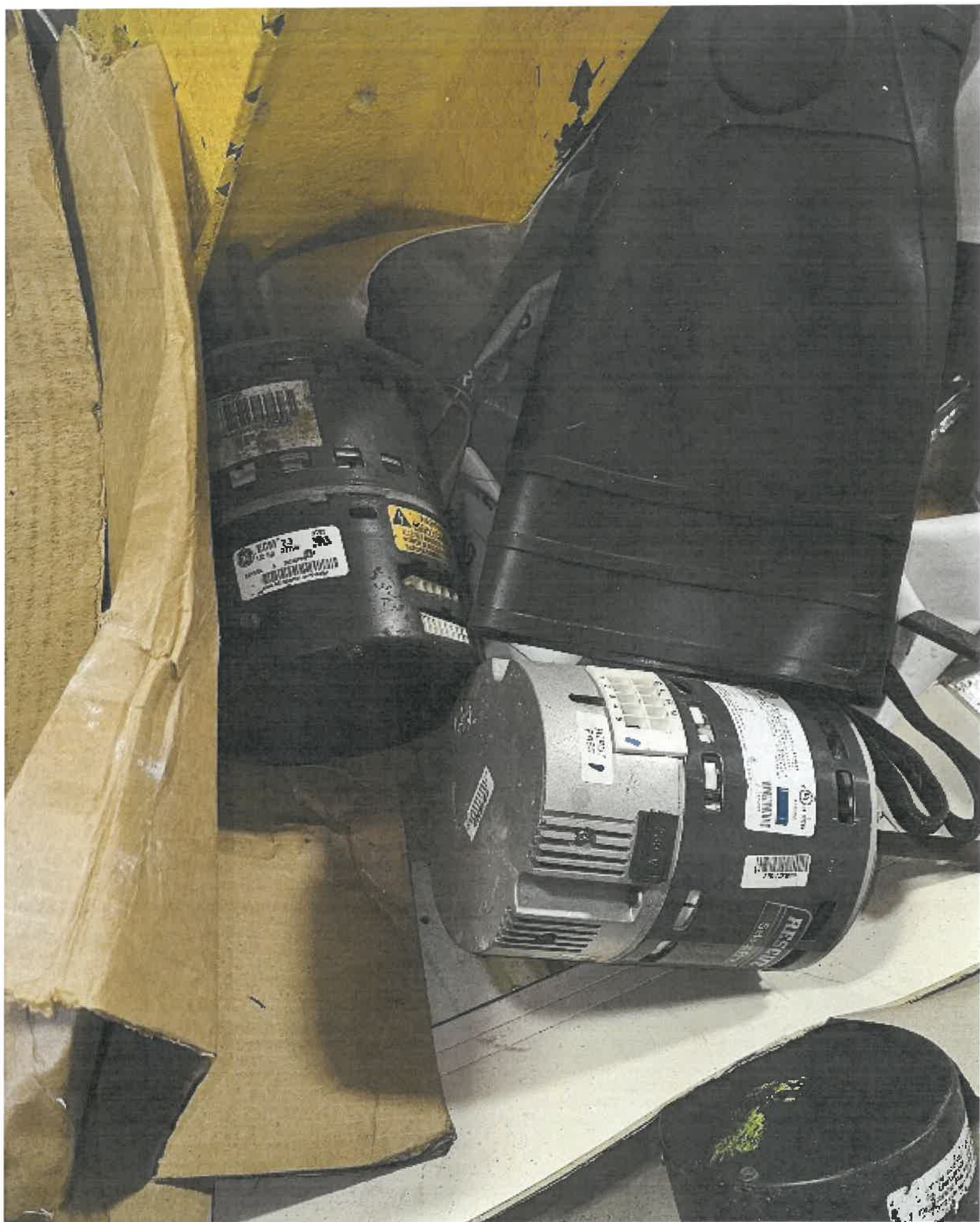
3127













## Dickey, Tammy

**From:** Nolan, Edward  
**Sent:** Thursday, September 4, 2025 1:58 PM  
**To:** Dickey, Tammy  
**Subject:** Agenda request for commissioners court 09/15/2025: 151300, Auditors Office 20250915  
**Attachments:** 151300, Auditors Office 20250915.pdf

Good afternoon,

Could we please place the following property items on the next available commissioners court for appropriate removal or reallocation: **(151300, Auditors Office 20250915.pdf)**:

| #  | Qty | FAID | Make | Model | Serial # | Description                       | Condition/Notes                         |
|----|-----|------|------|-------|----------|-----------------------------------|---|
| 1  | 18  | N/A  |      |       |          | Rolling task chairs (apprx count) | Surplus                                 |
| 2  | 4   | N/A  |      |       |          | Bookcase                          | Surplus                                 |
| 3  | 10  | N/A  |      |       |          | Guest chairs / non-rolling        | Surplus                                 |
| 4  | 5   | N/A  |      |       |          | Desks with return                 | Surplus                                 |
| 5  | 3   | N/A  |      |       |          | Desks no return                   | Surplus                                 |
| 6  | 7   | N/A  |      |       |          | Cabinets (file or other)          | Surplus                                 |
| 7  | 1   | N/A  |      |       |          | Credenza                          | Surplus                                 |
| 8  | 1   | N/A  |      |       |          | Hutch                             | Surplus                                 |
| 9  | 1   | N/A  |      |       |          | Tree, ornamental                  | Surplus                                 |
| 10 | 2   | N/A  |      |       |          | Boxes of Misc Office supplies     | Surplus                                 |
| 11 | 1   | N/A  |      |       |          | Rolling media cart                | Surplus                                 |
| 12 | 1   |      |      |       |          | Television                        | Surplus                                 |
| 13 | 1   |      |      |       |          | Folding table                     | Surplus                                 |
| 14 | 6+  |      |      |       |          | bins (recycling & trash)          | Surplus                                 |
| 15 | 80+ |      |      |       |          | Modular elements                  | Walling, writing surfaces, storage, etc |
| 16 | 53+ | N/A  |      |       |          | Rolling task chairs (apprx count) | Prof svcs storage area                  |

Thanks!

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

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## PROPERTY DISPOSAL REPORT

DATE: 08/28/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 151300, Auditors Office Christie Motogbe, CPA Christie Motogbe  
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 - office furniture - see attached sheet  
FAID No. & Description

Reason for disposal: Replaced / No longer needed

Serial No./VIN #: \_\_\_\_\_

From: 151300, Auditors Office Location: 722 Moody Ave, 4th Floor  
Department No. & Name Building, Floor, Suite, or Room No.

Comments: \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

### PURCHASING DEPARTMENT USE ONLY

\_\_\_\_\_  
Date Form Processed

\_\_\_\_\_  
Fixed Asset Property Manager



## GENERAL PROPERTY PRE-DISPOSAL DISCLOSURE FORM

Date: 08/28/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: Christie Motogbe Christie Motogbe, CPA 151300, Auditors 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: Office furniture / furnishings

Make:        Model:       

Serial/VIN:        Year:        Color:       

Description of Use: Furnishings / chairs / office items

Reason for Disposal: Replaced / broken / No longer needed

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**

Date Form Processed

Fixed Asset Property Manager

| #  | Qty | FAID | Make | Model | Serial # | Description                       |   | Condition/Notes |
|----|-----|------|------|-------|----------|-----------------------------------|---|-----------------|
| 1  | 18  | N/A  |      |       |          | Rolling task chairs (apprx count) | Surplus                                 |                 |
| 2  | 4   | N/A  |      |       |          | Bookcase                          | Surplus                                 |                 |
| 3  | 10  | N/A  |      |       |          | Guest chairs / non-rolling        | Surplus                                 |                 |
| 4  | 5   | N/A  |      |       |          | Desks with return                 | Surplus                                 |                 |
| 5  | 3   | N/A  |      |       |          | Desks no return                   | Surplus                                 |                 |
| 6  | 7   | N/A  |      |       |          | Cabinets (file or other)          | Surplus                                 |                 |
| 7  | 1   | N/A  |      |       |          | Credenza                          | Surplus                                 |                 |
| 8  | 1   | N/A  |      |       |          | Hutch                             | Surplus                                 |                 |
| 9  | 1   | N/A  |      |       |          | Tree, ornamental                  | Surplus                                 |                 |
| 10 | 2   | N/A  |      |       |          | Boxes of Misc Office supplies     | Surplus                                 |                 |
| 11 | 1   | N/A  |      |       |          | Rolling media cart                | Surplus                                 |                 |
| 12 | 1   |      |      |       |          | Television                        | Surplus                                 |                 |
| 13 | 1   |      |      |       |          | Folding table                     | Surplus                                 |                 |
| 14 | 6+  |      |      |       |          | bins (recycling & trash)          | Surplus                                 |                 |
| 15 | 80+ |      |      |       |          | Modular elements                  | Walling, writing surfaces, storage, etc |                 |
| 16 | 53+ | N/A  |      |       |          | Rolling task chairs (apprx count) | Prof svcs storage area                  |                 |





























## Nolan, Edward

---

**To:** Dickey, Tammy  
**Subject:** Agenda request for commissioners court 09/15/2025: Fleet surplus (7 veh & equip) 20250915.pdf  
**Attachments:** 172111 Fleet vehicles 20250915.pdf

Good afternoon,

Could we please place the following asset on the next available commissioners court appropriate removal as surplus: **(Fleet surplus (7 veh & equip) 20250915.pdf.pdf)**:

| # | FAID  | Unit  | VIN               | Desc                 | Notes                             |
|---|-------|-------|-------------------|----------------------|-----------------------------------|
| 1 | 29251 | C6602 | 1FTRF12276NB40780 | 2006 Ford F150       | chemical smell/ age of asset      |
| 2 | 30128 | C5811 | LV5525R453700     | 2008 JOHN DEERE 5525 | bad battery /bad hydr pump        |
| 3 | 30459 | C5914 | 1FDWX3GR2AEA49843 | 2010 Ford F350       | engine light / blue wrench light  |
| 4 | 31601 | C0211 | 1FTFW1CF5CFB26936 | 2012 Ford F150       | Low pressure light / bent tail    |
| 5 | 32016 | C3605 | 1FM5K8ARXGGA62921 | 2016 Ford EXPLORER   | age / mileage                     |
| 6 | 32130 | C0642 | 1GNLCDEC3GR328525 | 2016 CHEVROLET Tahoe | no start w/boost, no lights       |
| 7 | 32646 | C3909 | 1GNLCKC0KR322954  | 2019 CHEVROLET Tahoe | low press & theft deter lights on |

Thanks!

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

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## ASSET TRANSFER REQUEST

Date: 07/30/2025

To: Purchasing Department, Fixed Asset Property Manager

Transferor: *[Signature]* Halley Billiot Department / Division: MOSQUITO CONTROL  
(Authorized Asset Custodian Signature) (Print Name)

Receiver: *[Signature]* 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 29251 Unit # C6602 Description 2006 FORD F150 Serial/VIN 40780  
(FAID#, last 5 digits) (last 5 digits)  
From MOSQUITO CONTROL Location 5115 HWY 3 DICKINSON TX 77539  
(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 AGE / MILAGE OF ASSET - ASSET WAS REPLACED BY: C6403

Transfer 31721 Unit # C6310 Description 2013 FORD F150 Serial/VIN 41014  
(FAID#, last 5 digits) (last 5 digits)  
From MOSQUITO CONTROL Location 5115 HWY 3 DICKINSON TX 77539  
(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 AGE / MILAGE OF ASSET - ASSET WAS REPLACED BY: C6404

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

9/4/2025

Date Form Processed

*[Signature]*  
Fixed Asset Property Manager





## ASSET DISPOSAL REPORT

DATE: 9/4/2025

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

Date

(Attach the Law Enforcement Agency Theft Report)

☐ Destroyed by

☐ Natural Disaster

Date

☐ Traffic Accident

Date

☐ Trade-In

Date

☐ Donated

Date

Agency receiving donation:

Disposal of: 29251 2006 FORD F150

FAID No.

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

Serial No./VIN #: 1FTRF12276NB40780

From: 172111 FLEET MGMT

Department No. & Name

Location: 2875 NICHOLAS AVE DICKINSON

Building, Floor, Suite, or Room No.

Comments: C6602

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

### PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

Edward J. [Signature]  
Fixed Asset Property Manager



## FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 9/3/2025

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: 29251 Description: 2006 FORD F150

Unit # C6602 Serial/VIN: 1FTRF12276NB40780 Mileage: 72020

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

Has this vehicle ever been in a wreck? Yes ☒ 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? ☒ Yes \_\_\_\_\_ No If No, please explain: \_\_\_\_\_

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

Other: \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager

8/25/'25 8:53 AM

### Vehicle Inspection Form

|   |                            |                           |
|---|----------------------------|---------------------------|
| <b>Inventory ID:</b> C6602  | <b>Asset Number:</b> 29251 | <b>Fair Market Value:</b> |
| <b>Short Description:</b><br>Year 2006      Make FORD      Model F150   |                            |                           |
| <b>VIN:</b> 1 F T R F 1 2 2 7 6 N B 4 0 7 8 0      Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N   |                            |                           |
| <b>Odometer:</b> 7 2 0 4 6 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers      Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N:   |                            |                           |
| <b>Long Description:</b><br>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<br>Engine- Type: 4.2L, V6 <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid<br>Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition<br>Repairs needed: _____<br>This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection<br>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<br>Repairs Needed: _____<br>Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____ |                            |                           |
| <b>Exterior:</b> Color: WHITE      Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked WINDSHIELD<br>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings      Tire Condition: FAIR      Tread: _____ #Flat _____ Hubcaps # _____<br>Major Damage to: _____<br>Additional Damage: CHEMICAL SMELL, MINOR RUST<br>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<br>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  |                            |                           |
| <b>Interior:</b> Color GRAY <input type="checkbox"/> Cloth <input checked="" type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: WORN, TORN & STAINED; HEADLINER STAINED<br>Damage to Dash/Floor: WORN & STAINED; NO CENTER CONSOLE<br>Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD<br><input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC      Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual<br><input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control<br>Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats  |                            |                           |
| <b>Additional Equipment:</b> _____<br>Manufacturer _____ Model _____ Serial # _____<br><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 _____  |                            |                           |
| <b>Location of Asset:</b> DSY 8/14/2025<br><b>For more information contact:</b> _____<br><b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.   |                            |                           |





## ASSET TRANSFER REQUEST

Date: 1/13/2025

To: Purchasing Department, Fixed Asset Property Manager

Transferor: [Signature] LEE CROWDER Department / Division: 296100 FLOOD  
(Authorized Asset Custodian Signature) (Print Name)

Receiver: [Signature] 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 30128 Unit # C5811 Description 2008 JOHN DEERE 5525 SerialVIN 453700  
(FAID#, last 5 digits) (last 5 digits)

From 296100/FLOOD Location CRYSTAL BEACH/920 NOBLE CARL DRIVE  
(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 AGE / HOURS OF ASSET

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 \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

6/17/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager

W: Fixed Assets/FA Forms/FA-02, Transfer  
revised 10/05/2020



## ASSET DISPOSAL REPORT

DATE: 6/16/2025

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

Date

(Attach the Law Enforcement Agency Theft Report)

☐ Destroyed by

☐ Natural Disaster

Date

☐ Traffic Accident

Date

☐ Trade-In

Date

☐ Donated

Date

Agency receiving donation:

Disposal of: 30128 2008 JOHN DEER 5525 TRACTOR

FAID No.

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

Serial No./VIN #: LV5525R453700

From: 172111 FLEET MGMT

Department No. & Name

Location: 2875 NICHOLAS AVE DICKINSON

Building, Floor, Suite, or Room No.

Comments: C5811

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

Edward J. [Signature]  
Fixed Asset Property Manager



**GENERAL ASSET PRE-DISPOSAL DISCLOSURE FORM**

Date: 6/16/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From:  **ELIZABETH BRYANT** **FLEET DEPARTMENT**  
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: 30128 Description: TRACTOR

Make: JOHN DEERE Model: 5525

Serial/VIN: LV5525R453700 Year: 2008 Color: GREEN

Description of Use: CRYSTAL BEACH MOWING TRACTOR

Reason for Disposal: ASSET HAS BEEN REPLACED

Is this item currently in sound working condition? ☐ 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**

9/4/2025  
Date Form Processed

  
Fixed Asset Property Manager



1/16/'25 12:03 PM

### Tractor Inspection Form

Inventory ID: **C5811**

Asset Number **30128**

Fair Market Value:

**Short Description:**

Year 2008 Manufacturer **JOHN DEERE** Model **5525** Serial Number **LV5525R453700**

**Please fill in or check**

**Long Description:**

This Equipment: ☐ Starts ☐ Starts with a Boost & ☐ Is Operable ☒ Is not operable ☐ For Parts Only

Engine 4.5L, V4 ☐ Gas ☒ Diesel engine ☒ Hours 3269 ☐ Miles \_\_\_\_\_

This vehicle was maintained every \_\_\_\_\_ ☐ Hours Horse Power 91

Engine Manufacture: **JOHN DEERE** Condition: ☐ Is Operable ☒ Needs repair ☐ Is in Unknown Condition

Repairs needed: NEEDS BATTERY; FUEL FILTER MISSING; HYDRAULIC FLUID CAP MISSING

Date Removed From Service: \_\_\_\_\_ Maintenance Records: ☐ Available ☐ Not Available For Inspection

**Transmission**

Transmission: ☐ Automatic ☐ Manual 12 Speed Transmission: ☐ Hours \_\_\_\_\_ ☐ Miles \_\_\_\_\_

Transmission Manufacture: **JOHN DEERE** Condition: ☐ Is Operable ☒ Needs Repair ☐ Is Unknown

Drivetrain 4 WD Repairs Needed: BAD HYDRAULIC PUMP

**Attachments & Additional Equipment**

☐ Backhoe ☐ Front End Loader ☒ PTO Drive ☒ 3 Point Hitch ☐ Other: \_\_\_\_\_

Mowing Deck: Manufacture: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_ Size: \_\_\_\_\_

Deck Condition: ☐ Operable ☐ Not Operable & ☐ Damage: \_\_\_\_\_

Other Equipment: Manufacture: \_\_\_\_\_ Model: \_\_\_\_\_

Serial # \_\_\_\_\_ Condition: ☐ Is Operable ☐ Needs repair ☐ Is in Unknown Condition

Description: \_\_\_\_\_

**Exterior:** Color GREEN Windows: ☐ No cracked glass ☒ Cracked NO DRIVER'S DOOR

Minor ☒ Dents ☒ Scratches ☒ Dings Tire Condition: ☐ Low ☐ Flat

Minor dents to: HOOD BROKEN; FENDER PANELS BROKEN & CRACKED

Major damage to: HOLES IN ROOF; HOOD NOT SECURED TO TRACTOR

Dimensions: \_\_\_\_\_

Decals: ☐ None ☐ Have been sprayed ☒ Have been removed ☒ Impressions remain ☐ No impressions

**Interior:** Color TAN ☒ Cloth ☐ Vinyl ☐ Leather

Damage to: WORN, TORN & STAINED

Radio: Brand NO RADIO ☐ AM ☐ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD

☐ Cruise Control Power: ☒ Steering ☐ Seats ☒ AC ☐ No AC Condition: ☐ Cold ☒ Unknown

Location of Asset: DSY 1/2/2025

For more information contact: \_\_\_\_\_

6/10/'25 7:52 AM



ASSET TRANSFER REQUEST

Date: 6/10/2025

To: Purchasing Department, Fixed Asset Property Manager

Transferor: [Signature] Lee Crowder Department / Division: 312110 Administration  
(Authorized Asset Custodian Signature) (Print Name)

Receiver: [Signature] 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 30459 Unit # C5914 Description 2009 Ford Service Truck SerialVIN 49843  
(FAID#, last 5 digits) (last 5 digits)

From 312110 Administration Location Dickinson/Road & bridge 5115 Hwy 3  
(Department/Division Name) (Building, Floor, Suite or Room No)

To 172111/Fleet Mgmt Location Dickinson/2875 Nichols-Dksn Fleet Lot  
(Department/Division Name) (Building, Floor, Suite or Room No)

Reason for Transfer Replaced in FY2025 budget,

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 \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager

W:/Fixed Assets/FA Forms/FA-02, Transfer  
revised 10/05/2020



## ASSET DISPOSAL REPORT

DATE: 9/4/2025

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

Date

(Attach the Law Enforcement Agency Theft Report)

☐ Destroyed by

☐ Natural Disaster

Date

☐ Traffic Accident

Date

☐ Trade-In

Date

☐ Donated

Date

Agency receiving donation:

Disposal of: 30459 2010 FORD F230 SERVICE BODY

FAID No.

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

Serial No./VIN #: 1FDWX3GR2AEA49843

From: 172111 FLEET MGMT

Department No. & Name

Location: 2875 NICHOLAS AVE DICKINSON

Building, Floor, Suite, or Room No.

Comments: C5914

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

### PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager





## FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 9/3/2025

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: 30459 Description: 2010 FORD F350 SERVICE BODY

Unit # C5914 Serial/VIN: 1FDWX3GR2AEA49843 Mileage: 141210

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 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

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager

6/24/'25 10:02 AM

## Vehicle Inspection Form

Inventory ID: **C5914**

Asset Number: **30459** Fair Market Value:

Short Description:  
Year **2010**

Make **FORD**

Model **F350 SERVICE TRUCK**

VIN: 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | F | D | W | X | 3 | G | R | 2 | A | E | A | 4 | 9 | 8 | 4 | 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

 Title Restriction: ☐ Y ☐ N

Odometer: 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 4 | 4 | 1 | 8 | 0 |
|---|---|---|---|---|---|

 Miles ☐ Kilometers Odometer Accurate ☐ Y ☐ N:

### Long Description:

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

Engine- Type: **6.4L V8** ☐ Gas ☒ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☒ Needs repair ☐ is in unknown condition

Repairs needed: **REDUCED ENGINE POWER LIGHT ON; BLUE WRENCH ON**

This vehicle was maintained every \_\_\_\_\_ ☐ Days ☐ Hours ☐ Miles

Date Removed From Service: **6/11/2025** Maintenance Records: ☐ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic ☐ Manual \_\_\_\_\_ Speed Condition: ☐ Operable ☐ Needs repair ☐ Is Unknown Condition

Repairs Needed:

Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition: \_\_\_\_\_

Exterior: Color: **WHITE** Windows: ☐ No Cracked Glass ☒ Cracked **WINDSHIELD**

Minor: ☒ Dents ☐ Scratches ☒ Dings Tire Condition: **POOR** Tread: \_\_\_\_\_ #Flat **1** Hubcaps # \_\_\_\_\_

Major Damage to: \_\_\_\_\_

Additional Damage: \_\_\_\_\_

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

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

Interior: Color **TAN/BROWN** ☐ Cloth ☒ Vinyl ☐ Leather

Damage to Seats: **WORN, TORN & STAINED**

Damage to Dash/Floor: **WORN, TORN & STAINED; HEADLINER & SUN VISOR DAMAGED**

Radio: ☒ Stock or ☐ Brand & Model: \_\_\_\_\_ ☐ AM ☒ AM/FM ☐ AM/FM Cassette ☐ AM/FM CD

☒ AC (Condition: ☒ Cold ☐ Unknown) ☐ No AC

Air Bags: ☒ Driver's Side ☐ Dual

☒ Cruise Control ☒ Tilt Steering ☒ Remote Mirrors ☐ Climate Control

Power: ☒ Steering ☒ Windows ☒ Door Locks ☐ Seats

### Additional Equipment:

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

☐ Tool Box ☐ Light Bar ☐ Ladder Rack ☐ Utility Body: Brand \_\_\_\_\_ ☐ Hitch: Type \_\_\_\_\_

Location of Asset: **DSY 6/18/2025**

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: 1/15/2020

To: Purchasing Department, Fixed Asset Property Manager

From: [Signature] Red Him Department/Division: GCSO - 211101  
(Authorized Asset Custodian Signature) (Print Name)

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

Transfer 31601 Unit # C3211 Description 2012 FORD F150 Serial/VIN 26936  
(FAID#, last 5 digits) (last 5 digits)  
From 211101, Sheriff Admin Location GALV/GA34, 601 54TH ST  
(Department/Division Name) (Building, Floor, Suite or Room No)  
To FLEET SERVICES/172111 Location 5115 HWY 3 DICKINSON TX 77539  
(Department/Division Name) (Building, Floor, Suite or Room No)  
Reason for Transfer REPLACED DUE TO AGE AND MILEAGE

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

1/24/2020  
Date Form Processed

[Signature]  
Fixed Asset Property Manager





## ASSET DISPOSAL REPORT

DATE: 9/4/2025

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: 31601 2012 FORD F150  
FAID No.

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

Serial No./VIN #: 1FTFW1CF5CFB26936

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

Comments: C0211

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

### PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

  
Fixed Asset Property Manager



## FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 9/3/2025

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: 31601 Description: 2012 FORD F150

Unit # C0211 Serial/VIN: 1FTFW1CF5CFB26936 Mileage: 172385

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 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**

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager

## Vehicle Inspection Form

|   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|----------------------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inventory ID: <b>C0211</b>  | Asset Number: <b>31601</b> | Fair Market Value: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Short Description:<br>Year <b>2012</b> Make <b>FORD</b> Model <b>F150</b>   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| VIN: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>F</td><td>T</td><td>F</td><td>W</td><td>1</td><td>C</td><td>F</td><td>5</td><td>C</td><td>F</td><td>B</td><td>2</td><td>6</td><td>9</td><td>3</td><td>6</td></tr> </table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N  |                            |                    | 1 | F | T | F | W | 1 | C | F | 5 | C | F | B | 2 | 6 | 9 | 3 | 6 |
| 1   | F                          | T                  | F | W | 1 | C | F | 5 | C | F | B | 2 | 6 | 9 | 3 | 6 |   |   |   |
| Odometer: <table border="1" style="display: inline-table; text-align: center; font-family: monospace;"> <tr><td>1</td><td>7</td><td>2</td><td>4</td><td>3</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:   |                            |                    | 1 | 7 | 2 | 4 | 3 | 7 |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 7                          | 2                  | 4 | 3 | 7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Long Description:</b><br>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<br>Engine- Type: <b>5.0L, V8</b> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid<br>Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition<br>Repairs needed: <b>LOW TIRE PRESSURE LIGHT ON</b><br>This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection<br><b>Transmission:</b> <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<br>Repairs Needed: _____<br><b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive    Condition: _____ |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Exterior:</b> Color: <b>WHITE</b> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked    CHIPPED WINDSHIELD<br>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings    Tire Condition: <b>GOOD</b> Tread: _____ #Flat _____ Hubcaps # _____<br>Major Damage to: _____<br>Additional Damage: <b>TAILGATE BENT</b><br>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<br>Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input checked="" type="checkbox"/> There are no holes   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Interior:</b> Color <b>GRAY</b> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: <b>WORN, TORN &amp; STAINED</b><br>Damage to Dash/Floor: <b>WORN &amp; STAINED</b><br>Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD<br><input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC    Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual<br><input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control<br>Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Additional Equipment:</b> _____<br>Manufacturer _____ Model _____ Serial # _____<br><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: <b>DSY 8/14/2025</b><br>For more information contact: _____<br><b>Reminder:</b> Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.  |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |





# ASSET TRANSFER REQUEST

Date: 1/7/2025

To: Purchasing Department, Fixed Asset Property Manager

Transferor: [Signature] Clay Pope Department / Division: 211/01 Sheriff  
(Authorized Asset Custodian Signature) (Print Name)

Receiver: [Signature] ELIZABETH BRYANT Department / Division: 17211/FLEET MGMT  
(Authorized Asset Custodian Signature) (Print Name)

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

Transfer 32016 Unit # C3605 Description 2016 FORD EXPLORER SerialVIN 62921  
(FAID#, last 5 digits) (last 5 digits)  
From 211/01 Sheriff Location 601 54th St 660 77554  
(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 AGE OF ASSET / ASSET HAS BEEN REPLACED BY C3336

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 \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager



## ASSET DISPOSAL REPORT

DATE: 9/4/2025

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: 32016 2016 FORD EXPLORER  
FAID No.

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

Serial No./VIN #: 1FM5K8ARXGGA62921

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

Comments: C3605

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**PURCHASING DEPARTMENT USE ONLY**

9/4/2025  
Date Form Processed

Edward J. Blum  
Fixed Asset Property Manager





6/24/'25 10:02 AM

### Vehicle Inspection Form

Inventory ID: **C3605**

Asset Number: **32016**

Fair Market Value:

Short Description:  
Year 2016

Make **FORD**

Model **EXPLORER**

VIN:

1 F M 5 K 8 A R X G G A 6 2 9 2 1

Title Restriction: ☐ Y ☐ N

Odometer:

1 1 9 0 3 6

Miles ☐ Kilometers Odometer Accurate ☐ Y ☐ N:

**Long Description:**

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

Engine- Type: **3.7 L, V6** ☒ Gas ☐ Diesel Engine ☐ Propane/Natural Gas ☐ Gas/Electric Hybrid

Engine Condition: ☒ Runs ☐ Needs repair ☐ is in unknown condition

Repairs needed:

This vehicle was maintained every \_\_\_\_\_ ☐ Days ☐ Hours ☐ Miles

Date Removed From Service: \_\_\_\_\_ Maintenance Records: ☐ Available ☐ Not Available For Inspection

Transmission: ☒ Automatic ☐ Manual \_\_\_\_\_ Speed Condition: ☐ Operable ☐ Needs repair ☐ Is Unknown Condition

Repairs Needed: \_\_\_\_\_

Drivetrain: ☒ 2 Wheel Drive ☐ 4 Wheel Drive Condition: \_\_\_\_\_

**Exterior:**

Color: **WHITE**

Windows: ☐ No Cracked Glass ☒ Cracked BULLSEYE IN WINDSHIELD

Minor: ☒ Dents ☒ Scratches ☒ Dings

Tire Condition: **FAIR**

Tread: \_\_\_\_\_ #Flat **1** Hubcaps # \_\_\_\_\_

Major Damage to: \_\_\_\_\_

Additional Damage: \_\_\_\_\_

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

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

**Interior:**

Color **BLACK**

☒ Cloth ☐ Vinyl ☐ Leather

Damage to Seats: **NORMAL WEAR & TEAR; CENTER CONSOLE DOOR STAYS OPEN; TAPE & HOLES IN DASH**

Damage to Dash/Floor: **PASSENGER DOOR PANEL DAMAGED; CARPET PULLED OUT FROM UNDER FLOOR PANEL**

Radio: ☒ Stock or ☐ Brand & Model: \_\_\_\_\_

☐ AM ☐ AM/FM ☐ AM/FM Cassette ☒ AM/FM CD

☒ AC (Condition: ☐ Cold ☒ Unknown) ☐ No AC

Air Bags: ☒ Driver's Side ☒ Dual

☒ Cruise Control ☒ Tilt Steering ☒ Remote Mirrors ☐ Climate Control

Power: ☒ Steering ☒ Windows ☒ Door Locks ☒ Seats

**Additional Equipment:**

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial # \_\_\_\_\_

☐ Tool Box ☐ Light Bar ☐ Ladder Rack ☐ Utility Body: Brand \_\_\_\_\_

☐ Hitch: Type \_\_\_\_\_

Location of Asset: \_\_\_\_\_ DSY 6/18/2025

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: 1-12-2021

To: Purchasing Department, Fixed Asset Property Manager

Transferor: *Michel Roy* MICHEL ROY Department / Division: 211101, SO Admin  
(Authorized Asset Custodian Signature) (Print Name)

Receiver: *Walter Chargois* WALTER CHARGOIS 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 32130 Unit # C3642 Description 2016 CHEVY TAHOE Serial/VIN 28525  
(FAIOR, last 5 digits) (last 5 digits)  
From 211101, SO ADMIN Location GALV/GA34  
(Department/Division Name) (Building, Floor, Suite or Room No)  
To FLEET/172111 Location 5115 HWY 3 DICKINSON TX 77539  
(Department/Division Name) (Building, Floor, Suite or Room No)  
Reason for Transfer REPLACED DUE TO AGE & MILEAGE update unit C0642

Transfer 32070 Unit # C3640 Description 2016 FORD EXPEDITION Serial/VIN 08808  
(FAIOR, last 5 digits) (last 5 digits)  
From 211101, SO ADMIN Location GALV/GA34  
(Department/Division Name) (Building, Floor, Suite or Room No)  
To FLEET/172111 Location 5115 HWY 3 DICKINSON TX 77539  
(Department/Division Name) (Building, Floor, Suite or Room No)  
Reason for Transfer REPLACED DUE TO AGE & MILEAGE

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PURCHASING DEPARTMENT USE ONLY

1/21/2021  
Date Form Processed

*Edward J. [Signature]*  
Fixed Asset Property Manager



## ASSET DISPOSAL REPORT

DATE: 9/4/2025

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

Date

(Attach the Law Enforcement Agency Theft Report)

☐ Destroyed by

☐ Natural Disaster

Date

☐ Traffic Accident

Date

☐ Trade-In

Date

☐ Donated

Date

Agency receiving donation:

Disposal of: 32130 2016 CHEVROLET TAHOE

FAID No.

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

Serial No./VIN #: 1GNLCDEC3GR328525

From: 172111 FLEET MGMT

Department No. & Name

Location: 2875 NICHOLAS AVE DICKINSON

Building, Floor, Suite, or Room No.

Comments: C0642

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

### PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager



## FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 9/3/2025

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 Bld: \_\_\_\_\_

Disposal of FAID No: 32130 Description: 2016 CHEVROLET TAHOE

Unit # C0642 Serial/VIN: 1GNLCDEC3GR328525 Mileage: 134518

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

Has this vehicle ever been in a wreck? Yes ☒ No Yes ☐ 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? ☒ Yes ☐ No If No, please explain: \_\_\_\_\_

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

Other: \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

**PURCHASING DEPARTMENT USE ONLY**

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager



6/24/'25 10:00 AM

### Vehicle Inspection Form

|   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
|---|---|--|---|------------------------|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|--|--|--|
| Inventory ID: <b>C0642</b>  |   | Asset Number: <b>32130</b>                 |   | Fair Market Value:     |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Short Description:<br>Year <b>2016</b>  |   | Make <b>CHEVROLET</b>                      |   | Model <b>TAHOE MPV</b> |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| VIN: <table border="1" style="display: inline-table; 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>3</td><td>G</td><td>R</td><td>3</td><td>2</td><td>8</td><td>5</td><td>2</td><td>5</td></tr></table> |   | 1  | G | N                      | L | C | D | E   | C | 3  | G | R | 3 | 2 | 8 | 5 | 2 | 5 | Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N |  |  |  |
| 1   | G | N  | L | C                      | D | E | C | 3   | G | R  | 3 | 2 | 8 | 5 | 2 | 5 |   |   |  |  |  |  |
| Odometer: <table border="1" style="display: inline-table; text-align: center;"><tr><td>1</td><td>3</td><td>4</td><td>5</td><td>1</td><td>8</td></tr></table>  |   | 1  | 3 | 4                      | 5 | 1 | 8 | <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers |   | Odometer Accurate <input type="checkbox"/> Y <input checked="" type="checkbox"/> N; LAST READING |   |   |   |   |   |   |   |   |  |  |  |  |
| 1   | 3 | 4  | 5 | 1                      | 8 |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| <b>Long Description:</b>  |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| This Vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only               |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Engine- Type: <b>5.3 L, V8</b> <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 type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> is in unknown condition   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Repairs needed: <b>DID NOT START WITH BOOST; LIGHTS DID NOT COME ON WITH BOOST</b>  |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Date Removed From Service: <b>3/12/2025</b> 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: _____   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| <b>Exterior:</b> Color: <b>WHITE</b> 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: <b>POOR</b> Tread: _____ #Flat _____ Hubcaps # _____   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Major Damage to: _____  |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Additional Damage: <b>RIGHT REAR BUMPER DAMAGED</b>   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 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   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| <b>Interior:</b> Color <b>BLACK</b> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Damage to Seats: <b>WORN, TORN &amp; STAINED; DRIVER DOOR ARM REST BROKEN</b>   |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| Damage to Dash/Floor: <b>SPOTLIGHT REMOVED; EXPOSED WIRES; SCRATCHED DASH; STAINED HEADLINER</b>  |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 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 F M CD                    |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual     |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input 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  |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| <b>Additional Equipment:</b>  |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 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: _____ DSY 6/18/2025  |   |  |   |                        |   |   |   |   |   |  |   |   |   |   |   |   |   |   |  |  |  |  |
| 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: 8/15/2025

To: Purchasing Department, Fixed Asset Property Manager

Transferor: [Signature] Clayton Pope Department / Division: SHERIFF  
(Authorized Asset Custodian Signature) (Print Name)

Receiver: [Signature] 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: 32646 Unit # C3909 Description 2019 CHEVY TAHOE SerialVIN 22954  
(FAID#, last 5 digits) (last 5 digits)

From SHERIFF [Signature] Location \_\_\_\_\_  
(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 AGE / MILAGE OF ASSET

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 \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager



## ASSET DISPOSAL REPORT

DATE: 9/4/2025

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

Date

(Attach the Law Enforcement Agency Theft Report)

☐ Destroyed by

☐ Natural Disaster

Date

☐ Traffic Accident

Date

☐ Trade-In

Date

☐ Donated

Date

Agency receiving donation:

Disposal of: 32646 2019 CHEVROLET TAHOE

FAID No.

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

Serial No./VIN #: 1GNLCDKC0KR322954

From: 172111 FLEET MGMT

Department No. & Name

Location: 2875 NICHOLAS AVE DICKINSON

Building, Floor, Suite, or Room No.

Comments: C3909

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

### PURCHASING DEPARTMENT USE ONLY

9/4/2025

Date Form Processed

Edward J. [Signature]

Fixed Asset Property Manager



## FLEET PRE-AUCTION DISCLOSURE FORM

DATE: 9/3/2025

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: 32646 Description: 2019 CHEVROLET TAHOE

Unit # C3909 Serial/VIN: 1GNLCDKC0KR322954 Mileage: 135970

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

Has this vehicle ever been in a wreck? Yes ☒ 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? ☒ Yes No If No, please explain: \_\_\_\_\_

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

Other: \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

PURCHASING DEPARTMENT USE ONLY

9/14/2025  
Date Form Processed

[Signature]  
Fixed Asset Property Manager



9/4/25 12:46 PM

### Vehicle Inspection Form

|   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|----------------------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Inventory ID: <b>C3909</b>  | Asset Number: <b>32646</b> | Fair Market Value: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Short Description:<br>Year <b>2019</b> Make <b>CHEVROLET</b> Model <b>TAHOE MPV</b>   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| VIN: <table border="1" style="display: inline-table; text-align: center;"><tr><td>1</td><td>G</td><td>N</td><td>L</td><td>C</td><td>D</td><td>K</td><td>C</td><td>0</td><td>K</td><td>R</td><td>3</td><td>2</td><td>2</td><td>9</td><td>5</td><td>4</td></tr></table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N  |                            |                    | 1 | G | N | L | C | D | K | C | 0 | K | R | 3 | 2 | 2 | 9 | 5 | 4 |
| 1   | G                          | N                  | L | C | D | K | C | 0 | K | R | 3 | 2 | 2 | 9 | 5 | 4 |   |   |   |
| Odometer: <table border="1" style="display: inline-table; text-align: center;"><tr><td>1</td><td>3</td><td>5</td><td>9</td><td>7</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 | 3 | 5 | 9 | 7 | 2 |   |   |   |   |   |   |   |   |   |   |   |
| 1   | 3                          | 5                  | 9 | 7 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Long Description:</b><br>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<br>Engine- Type: <b>5.3L, V8</b> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid<br>Engine Condition: <input checked="" type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition<br>Repairs needed: <b>LOW TIRE PRESSURE LIGHT ON; SERVICE THEFT DETERRENT LIGHT ON</b><br>This vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles<br>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection<br><b>Transmission:</b> <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<br>Repairs Needed: _____<br><b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive    Condition: _____ |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Exterior:</b> Color: <b>GRAY</b> Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked <small>SCRATCHED TINT FRONT PASSENGER WINDOW</small><br>Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings    Tire Condition: <b>POOR</b> Tread: _____ #Flat _____ Hubcaps # _____<br>Major Damage to: _____<br>Additional Damage: <b>RUBBED PAINT RIGHT REAR BUMPER</b><br>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<br>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   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Interior:</b> Color <b>BLACK</b> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather<br>Damage to Seats: <b>WORN &amp; STAINED</b><br>Damage to Dash/Floor: <b>WORN &amp; STAINED; STAINED HEADLINER</b><br>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<br><input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC      Air Bags: <input checked="" type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual<br><input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input checked="" type="checkbox"/> Climate Control<br>Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <b>Additional Equipment:</b> _____<br>Manufacturer _____ Model _____ Serial # _____<br><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 9/4/2025<br>For more information contact: _____<br>Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.   |                            |                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

| # | FAID  | Unit  | VIN               | Desc                 | Notes                             |
|---|-------|-------|-------------------|----------------------|-----------------------------------|
| 1 | 29251 | C6602 | 1FTRF12276NB40780 | 2006 Ford F150       | chemical smell/ age of asset      |
| 2 | 30128 | C5811 | LV5525R453700     | 2008 JOHN DEERE 5525 | bad battery /bad hydr pump        |
| 3 | 30459 | C5914 | 1FDWX3GR2AEA49843 | 2010 Ford F350       | engine light / blue wrench light  |
| 4 | 31601 | C0211 | 1FTFW1CF5CFB26936 | 2012 Ford F150       | Low pressure light / bent tail    |
| 5 | 32016 | C3605 | 1FM5K8ARXGGA62921 | 2016 Ford EXPLORER   | age / mileage                     |
| 6 | 32130 | C0642 | 1GNLCDEC3GR328525 | 2016 CHEVROLET Tahoe | no start w/boost, no lights       |
| 7 | 32646 | C3909 | 1GNLCKC0KR322954  | 2019 CHEVROLET Tahoe | low press & theft deter lights on |

















































## Nolan, Edward

---

**From:** Nolan, Edward  
**Sent:** Thursday, September 4, 2025 4:27 PM  
**To:** Dickey, Tammy  
**Subject:** Agenda request for commissioners court 09/15/2025: 255101, Adult Probation 20250915  
**Attachments:** 255101, Adult Probation 20250915.pdf

Good afternoon,

Could we please place the following property items on the next available commissioners court for appropriate removal or reallocation: **(255101, Adult Probation 20250915.pdf)**:

- 3 desks

Thanks!

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

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## PROPERTY DISPOSAL REPORT

DATE: 08/28/2025

To: Purchasing Department, Attention: Fixed Asset Property Manager

From: 255101, Adult Probation Monica Morgan  
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 - office furniture - see attached sheet 3 desks

Reason for disposal: Replaced / No longer needed

Serial No./VIN #: \_\_\_\_\_

From: 255101, Adult Probation Location: Galveston  
Department No. & Name Building, Floor, Suite, or Room No.

Comments: \_\_\_\_\_

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

### PURCHASING DEPARTMENT USE ONLY

9/4/2025  
Date Form Processed

Edward L. Blaz  
Fixed Asset Property Manager



