

County of Fluvanna  
**Surplus Property Determination Form**

Department			Submission Date	
<b>Surplus Equipment</b>				
Item Description	Manufacturer	Model/Serial #	Condition	Purchase Year
Are any of the items above computers or other electronic data devices? <i>(If YES, IT Director review required.)</i>			<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Surplus Vehicle</b>				
Model Year	Manufacturer	Model	Color	Odometer Reading
Vehicle Identification Number (VIN)		Vehicle Options/Features		
Exterior Condition		Interior Condition		
Known Mechanical Problems		Accident History (if applicable)		
<b>Department Head Certification: The listed items are no longer used by or required by my Department.</b>				
Department Head			Date	
<b>Surplus Equipment / Vehicle Determination Review</b>				
I certify that the computer/ electronic devices above have been cleared of data per County policies.	IT Director		Date	
I certify that the items listed are excess to County needs.	Purchasing Officer		Date	
Surplus Determination <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	County Administrator		Date	