



## Surplus Property Affidavit of Disposal

Disposal Authorization No.

Disposal Authorization Date:

Agency:

Location Address:

City:

GA, Zip:

### Destruction Affidavit

I, \_\_\_\_\_ do hereby certify that on \_\_\_\_\_ that the property listed on

Disposal Authorization # \_\_\_\_\_

(Check only one)

was rendered totally unserviceable by destruction;

was removed for destruction/disposal by.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

Signed this \_\_\_\_\_ day of Month, Year in \_\_\_\_\_ County, GA.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Witness Affidavit

I, \_\_\_\_\_ do hereby certify that on \_\_\_\_\_ that I witnessed the destruction  
or removal the property listed above.

Signed this \_\_\_\_\_ day of Month, Year in \_\_\_\_\_ County, GA.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

This Affidavit of Disposal must be attached to the corresponding Disposal Authorization. The completed affidavit must be returned to the GA DOAS Surplus Property Division within 14 days from date of authorization. Affidavits not returned within 14 days will be voided.