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.

(For field description help, select the field then press F1)