REQUEST TO EXCESS INFORMATION TECHNOLOGY EQUIPMENT

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1. ORGANIZATION ACCOUNTABLE FOR EQUIPMENT	2. REPORT NUMBER DPI NO. JULIAN DATE *(YDDD)* —	3. JOB TICKET NUMBER
4. CONTACT FOR FURTHER INFORMATION a. NAME	b. DSN TELEPHONE NUMBER —	c. COMMERCIAL TELEPHONE NO. *(Include area code)* ( ) —
5. PHYSICAL LOCATION OF EQUIPMENT a. ADDRESS *(Room No., Building, Street, City, State, ZIP Code)*	b. POINT OF CONTACT *(If different from above)*	c. TELEPHONE NO. *(If different from above)* ( ) —

6. EQUIPMENT TO BE EXCESSED

OSD CONTROL NO. a.	ITEM NO. b.	COMP CODE c.	ITEM DESCRIPTION d.	MFR CODE e.	MODEL NO. f.	SERIAL NO. g.	COND CODE h.	PRICE i.

7. I certify that all hard drives have been removed and equipment contains no magnetic media.	8. EQUIPMENT RECEIVED BY	9. DATE RECEIVED *(MMDDYYYY)*