

# Env. Hort Surplus Pickup Request

Contact Person: _____	Phone Number: _____
Item(s) Location: _____	
Bldg #: _____	Room #: _____

**All items should be at the pickup location indicated above.** Items in more than one pickup location will need a separate Surplus Pickup Request for each location.

<p>1. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If <b>Yes</b>, please contact Dee for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If <b>Yes</b>, please contact Dee prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>g. Is this item in working condition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If <b>Yes</b>, please contact Treva for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If <b>Yes</b>, please contact Dee prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>3. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If <b>Yes</b>, please contact Dee for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If <b>Yes</b>, please contact Dee prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>4. Description: _____</p> <p>a. Quantity: _____ b. Decal# (if applicable): _____</p> <p>c. Is this item on an Equipment Maintenance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>d. Does this item contain Freon? _____ If <b>Yes</b>, please contact Treva for removal prior to surplus request.</p> <p>e. Has this item been used to store biohazardous or radioactive materials? _____ If <b>Yes</b>, please contact Dee prior to surplus request. f. Has software/data been removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

If **more than** four items please attach additional form(s).  
Additional comments about this request:

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Please **scan** and **email** completed form to Dee Boyle, [deeks@ufl.edu](mailto:deeks@ufl.edu)  
If you have questions, please call Dee, (352) 273-4526 or (352) 392-1831.