



CITY OF JOHNSON CITY – VEHICLE/EQUIPMENT SURPLUS DECLARATION FORM

LIST EACH VEHICLE/EQUIPMENT SURPLUS ITEM BELOW IN DETAIL. Identify each item by make and model and describe the condition as accurately as possible.

CITY #	VIN / SERIAL NUMBER	DESCRIPTION (year, make/model)	CONDITION (running wrecked, bad engine, etc)	MILEAGE	LOCATION	FLEET REPLACEMENT SCORE*:

SUBMITTED BY: _____

Department: _____

Date: _____

*Point range (as per Equipment Replacement Guidelines):

- | | | |
|-----------------|---------------|-------------------------------|
| Under 18 points | Condition I | Excellent |
| 18 – 22 points | Condition II | Good |
| 23 – 27 points | Condition III | Qualifies for replacement |
| 28+ points | Condition IV | Needs immediate consideration |

FLEET MANAGEMENT APPROVAL: _____

Date _____

COMPLETE AND SUBMIT TO PURCHASING DEPARTMENT