

Dept. Name/#:

## OCONEE COUNTY, SC LAND

Please enter Asset Tag #

## **CAPITAL ASSET DISPOSAL FORM**

Submitting accurate and timely forms is crucial to providing Council, the Administrator, management, and others with the accurate financial reports.

PLEASE PROCESS PROMPTLY!

Complete all sections below and submit to the Finance Department for all **LAND** disposals. This form is not to be used for Land that the County was originally planning to sell (e.g. industrial sites, drug seizure property, etc.).

Disposal Date:

Location/Address:		
		Tay Man #:
Acreage/Description:	Sell	_Tax Map #:
Reason for Disposal:	Donation (Provide name of receiving agency below and attach	authorization documentation.)
Additional Notes/Comments:		
Authorized Signature		Date
	IMPORTANT!!	
employee disposing of prop disciplinary action.	perty without such authorization may be held	personally liable and/or subject to
	Procurement Use ONLY	
Procurement Authorized Disp	• •	_
Sell	on GovDeals D	onation
When authorization is co	mplete, please send a copy back to the department a	nd forward the original to Finance.
Procurement Signature		Date
	Finance Use ONLY	
Entered in CSI by:	Date:	
Disposing Department an Enterp	prise Fund? YES (Must prepare a JE to post to the GL!	) NO
Finance Notes:		
Revised May 2015	<del></del>	