BGSU Campus Operations

Surplus Property Pick Up Request Form

| Today's Date: | | |
|-----------------------------|-----------------------------|-------------|
| Requestor: | | |
| Phone Number: | | |
| Department or Organization: | | |
| DCC, ID, or P00#: | | |
| Surplus Item Location(s) | | |
| Item Description: | Location (Building/Room #): | Quantity: |
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