STATE OF WISCONSIN FEDERAL SURPLUS PROPERTY PROGRAM

PROPERTY REQUEST FORM

1. Organization Name:

2. Requesting Authorized Representative Name:

Please note that only individuals listed as an authorized representative on the entities approved application can request property. If you are not an authorized representative, you are not eligible to complete this request and will need to reach out to our office for instructions on how to become eligible.

3. Phone Number:

4. Email Address:

5. Item Name:

6. Item Control Number:

7. Surplus Release Date (Month/Day/Year):

8. Quantity Requested:

9. What is your justification/need for requesting this property?

At a minimum, the justification should provide reasoning or an explanation to support how the equipment being requested meets the scope of your entity, as well as the needs of your entity. Please be as explanatory as possible with how you intend to use the equipment.

Signature: Date: