

**CITY OF NORTH PORT  
OVER THRESHOLD SURPLUS PROPERTY DISPOSAL FORM**

Dept submitted by: Parks & Recreation	Date: 04/15/2020	SELECT ONE OPTION (X)					PAGE <u>1</u> OF <u>1</u>
ITEM DESCRIPTION (Year, Make, Model, Serial, Vin#)	CITY / PERIPHERAL ID NUMBER	DATE OF PURCHASE/ COST	OBSOLETE	LOST/STOLEN OR SCRAPPED	SURPLUS AUCTION	TRADED IN	REASONS FOR DISPOSAL (PLEASE EXPLAIN)
Floor Cleaner, Focus Rider 32" (00008440)	#08852	08/05/2010 \$12,253.13			X		Replacement of equipment

**Per the Code of the City of North Port, Florida: (Chapter 55 section 10-D)**

**Surplus assets with an original purchase value greater than the threshold limit set forth in Chapter 274.02 (1) Florida Statutes, must receive City Commission approval for disposal and may then be disposed of (BY FINANCE) in an appropriate fashion.**

Sandy Pfundheller, Director Digitally signed by Sandy Pfundheller, Director  
Date: 2020.04.15 15:13:59 -0400

DEPARTMENT DIRECTOR \_\_\_\_\_ DATE

  
\_\_\_\_\_ DATE

FIXED ASSETS AUDITOR

CITY MANAGER \_\_\_\_\_ DATE

CITY COMMISSION APPROVAL \_\_\_\_\_ DATE

CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM

Department Submitted By: POLICE DEPARTMENT

Date: 07/31/2020

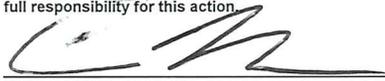


Overthreshold Item(s)  
 Underthreshold Item(s)

ITEM DESCRIPTION					SELECT ONE REASON FOR DISPOSAL(X)						SELECT ONE METHOD OF DISPOSAL(X)				
ITEM YEAR	HTE Item Description (Make, Model, Serial, Vin#, Mileage)	DATE OF PURCHASE/ COST	CITY/PERIPHERAL ID NUMBER	CURRENT ITEM CONDITION	OBSOLETE	LOST/ STOLEN	SCRAP	SURPLUS AUCTION/DO NATION	TRADED IN	PER REPLACEMENT POLICY	AUCTION	DONATION	SCRAP	STOLEN/LOST	TRADED IN
2000	UNITEL VIDEO RECEIVER SYSTEM	06/12/2000 \$17,875.00	06712	fair	X								X		

Per the Code of the City of North Port, Florida (Chapter 55 Section 10-D):  
 Assets with an original purchase value greater than the threshold limit set forth in Chapter 274.02 (1), Florida Statutes, must receive  
 City Commission approval for disposal and then may be disposed of (BY PURCHASING) in an appropriate fashion.

By signing this form, I attest that due diligence has been performed and proper procedures have been followed as outlined in the Code of the City of North Port, Florida (Chapter 55 Section 10-D) prior to this/these disposal(s). I accept full responsibility for this action.

  
 DEPARTMENT DIRECTOR

8/3/20  
 DATE

\_\_\_\_\_  
 FIXED ASSET CUSTODIAN

\_\_\_\_\_  
 DATE

By signing this form, I attest that the required information necessary for the proper disposal of said asset(s) has been received.

  
 FINANCE DIRECTOR

8/27/20  
 DATE

\_\_\_\_\_  
 CITY MANAGER

\_\_\_\_\_  
 DATE

CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM



DEPARTMENT SUBMITTED BY: Police

DATE: July 16, 2020

Overthreshold Item(s) \$5,000.00+

Underthreshold Item(s) < \$5,000.00

ITEM DESCRIPTION					REASON FOR DISPOSAL SELECT ONE OPTION (X)						SELECT ONE METHOD OF DISPOSAL (X)				
ITEM YEAR	ITEM DESCRIPTION (Make, Model, Serial, VIN# & Mileage)	DATE OF PURCHASE/ COST	CITY PERIPHERAL ID NUMBER	CURRENT ITEM CONDITION	OBSELETE	LOST/ STOLEN	SCRAP	SURPLUS AUCTION / DONATION	TRADED IN	PER REPLACEMENT POLICY	AUCTION	DONATION	SCRAP	STOLEN/LOST	TRADED IN
2003	Consolette, Motorola, Serial #761CCW0364	06/24/2003 / \$7,641.00	70301	Poor			X						X		
2003	Part of the Consolette package, serial #276CFP0106 & #276CFP0107	Part of above	Part of above	Poor			X						X		
2003															
2006															
2006															

Per the code of the City of North Port, Florida:

Assets with an original purchase value greater than the threshold limit set forth, must receive City Commission approval for disposal and then may be disposed of (BY FINANCE) in an appropriate fashion

By signing this form, I attest that due dilligence has been preformed and proper procedures have been followed as outlined in the Code of the City of North Port Florida prior to this/these disposal(s). I accept full responsiblility for this action.

[Signature]  
DEPARTMENT DIRECTOR

7/16/20  
DATE

By signing this form, I attest that the required invormation necessary for the proper disposal of said asset(s) has been received.

[Signature]  
FINANCE DIRECTOR

7/16/20  
Date

\_\_\_\_\_  
FIXED ASSET CUSTODIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY MANAGER

\_\_\_\_\_  
DATE

CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM



DEPARTMENT SUBMITTED BY: Police

DATE: June 19, 2020

XXXXXX Overthreshold Item(s) \$5,000.00+

Underthreshold Item(s) < \$5,000.00

ITEM DESCRIPTION					REASON FOR DISPOSAL SELECT ONE OPTION (X)					SELECT ONE METHOD OF DISPOSAL (X)					
ITEM YEAR	ITEM DESCRIPTION (Make, Model, Serial, VIN# & Mileage)	DATE OF PURCHASE/ COST	CITY PERIPHERAL ID NUMBER	CURRENT ITEM CONDITION	OBSOLETE	LOST/ STOLEN	SCRAP	SURPLUS AUCTION / DONATION	TRADED IN	PER REPLACEMENT POLICY	AUCTION	DONATION	SCRAP	STOLEN/LOST	TRADED IN
2003	Console Equipment, 800MHZ B1822 Gold Series	\$10,681.00 / 07/11/2003	7010	Poor			X						X		
2009	Radio, Dispatch Centracom Gold Elite, Serial #404CKD0040	\$25,608.00 / 03/24/2009	8729	Poor			X						X		
2009	Radio, Dispatch Centracom Gold Elite, Serial #0958040050067	Part of above asset, was a bundle	N/A	Poor			X						X		
2009	Radio, Dispatch Centracom Gold Elite, Serial #05040133700009	Part of above asset, was a bundle	N/A	Poor			X						X		

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By signing this form, I attest that due diligence has been performed and proper procedures have been followed as outlined in the Code of the City of North Port Florida prior to this/these disposal(s). I accept full responsibility for this action.

[Signature]  
DEPARTMENT DIRECTOR

6/19/20  
DATE

By signing this form, I attest that the required information necessary for the proper disposal of said asset(s) has been received.

[Signature]  
FINANCE DIRECTOR

7/9/20  
Date

\_\_\_\_\_  
FIXED ASSET CUSTODIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY MANAGER

\_\_\_\_\_  
DATE

CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM



DEPARTMENT SUBMITTED BY: Police

DATE: June 19, 2020

XXXXXX Overthreshold Item(s) \$5,000.00+

Underthreshold Item(s) < \$5,000.00

ITEM DESCRIPTION					REASON FOR DISPOSAL SELECT ONE OPTION (X)					SELECT ONE METHOD OF DISPOSAL (X)					
ITEM YEAR	ITEM DESCRIPTION (Make, Model, Serial, VIN# & Mileage)	DATE OF PURCHASE/ COST	CITY PERIPHERAL ID NUMBER	CURRENT ITEM CONDITION	OBSOLETE	LOST/ STOLEN	SCRAP	SURPLUS AUCTION / DONATION	TRADED IN	PER REPLACEMENT POLICY	AUCTION	DONATION	SCRAP	STOLEN/LOST	TRADED IN
2003	Computer, HP P-II, Serial #US24657644	\$11,039.00 / 03/11/2003	70317	Poor			X						X		
2003	Computer, HP P-II, Serial #2UA5260717	Part of above asset, was a bundle	N/A	Poor			X						X		
2003	Computer, HP P-II, Serial #2UA5160Y3H	Part of above asset, was a bundle	N/A	Poor			X						X		
2003	Computer, HP P-II, Serial #2UA83106TG	Part of above asset, was a bundle	N/A	Poor			X						X		

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By signing this form, I attest that the required information necessary for the proper disposal of said asset(s) has been received.

[Signature]  
DEPARTMENT DIRECTOR

6/19/20  
DATE

[Signature]  
FINANCE DIRECTOR

7/6/20  
Date

\_\_\_\_\_  
FIXED ASSET CUSTODIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY MANAGER

\_\_\_\_\_  
DATE

JK  
11/15/19

CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM

Department Submitted By: Public Works

Date: 11-15-19



Overthreshold Item(s)  
 Underthreshold Item(s)

ITEM DESCRIPTION					SELECT ONE REASON FOR DISPOSAL(X)						SELECT ONE METHOD OF DISPOSAL(X)				
ITEM YEAR	HTE Item Description (Make, Model, Serial, Vin#, Mileage)	DATE OF PURCHASE/COST	CITY/PERIPHERAL ID NUMBER	CURRENT ITEM CONDITION	OBSOLETE	LOST/STOLEN	SCRAP	SURPLUS AUCTION/DO NATION	TRADED IN	PER REPLACEMENT POLICY	AUCTION	DONATION	SCRAP	STOLEN/LOST	TRADED IN
2019	Security system. PW Road + Drainage building	6/29/1993 \$14,874.01	04909/ 2089	Poor	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>		

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J B Bellini 11/15/19  
DEPARTMENT DIRECTOR DATE

Brian Bonanni 11-15-19  
FIXED ASSET CUSTODIAN DATE

By signing this form, I attest that the required information necessary for the proper disposal of said asset(s) has been received.

Kenny Lee 12/13/19  
FINANCE DIRECTOR DATE

\_\_\_\_\_  
CITY MANAGER DATE





**CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM**

Department Submitted By: Utilities

Date: 09/30/2019



Overthreshold Item(s)

Underthreshold Item(s)

ITEM DESCRIPTION					SELECT ONE REASON FOR DISPOSAL(X)						SELECT ONE METHOD OF DISPOSAL(X)				
ITEM YEAR	ITE Item Description (Make, Model, Serial, VIN#, Mileage)	DATE OF PURCHASE/ COST	CITY/PERIPHERAL ID NUMBER	CURRENT ITEM CONDITION	OBSOLETE	LOST/ STOLEN	SCRAP	SURPLUS AUCTION/DO NATION	TRADED IN	PER REPLACEMENT POLICY	AUCTION	DONATION	SCRAP	STOLEN/LOST	TRADED IN
2010	ANAHYDROUS TANK (Ammonia Tank)	09/16/2010 \$11,900 <sup>00</sup>	07899-1	POOR			X						X		

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Michelle J. [Signature] for Rick Newkirk  
DEPARTMENT DIRECTOR / DATE

[Signature]  
FIXED ASSET CUSTODIAN / DATE

By signing this form, I attest that the required information necessary for the proper disposal of said asset(s) has been received.

[Signature] 1.10.20  
FINANCE DIRECTOR / DATE

\_\_\_\_\_  
CITY MANAGER / DATE