

**CITY OF NORTH PORT
PROPERTY DISPOSAL FORM**

Department Submitted By: Fleet (Police Forfeiture)

Date: 1/10/2023



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	OBSELETE	LOST/ STOLEN	SCRAP	SURPLUS AUCTION / DONATION	TRADED IN	PER REPLACEMENT POLICY	AUCTION	DONATION	SCRAP	STOLEN/LOST	TRADED IN
2004	2004 Mercury 4D, Silver (PD forfeiture)	9/30/2021 \$2,800.00	2MEFM75W4 4X675067	Poor			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.

Todd R. Garrison, Chief of Police
Digitally signed by Todd R. Garrison, Chief of Police
Date: 2023.01.12 10:30:15 -05'00'

DEPARTMENT DIRECTOR _____ DATE

Crystal Osborne
Digitally signed by Crystal Osborne
DN: cn=Crystal Osborne, o=City of North Port, ou=Department of Fleet, email=crystal.osborne@northportfl.com, c=US
Reason: I am the author of this document
Location: your signing location here
Date: 2023.01.10 14:57:34-0500
Full PDF Error Version: 11.2.2

FIXED ASSET CUSTODIAN _____ DATE

Kenneth Rappuhn
Digitally signed by Kenneth Rappuhn
DN: cn=Northport, dc=northport, ou=Departments, ou=Publications, ou=HR, cn=Kenneth Rappuhn
Reason: I am the author of this document
Location: your signing location here
Date: 2023.01.10 15:06:04-0500
Full PDF Error Version: 11.2.2

FLEET MANAGER _____ DATE

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

Kimberly Walters 1/19/23
Digitally signed by Kimberly Walters
DN: cn=Kimberly Walters, o=City of North Port, ou=Finance, email=kimberly.walters@northportfl.com, c=US
Reason: I am the author of this document
Location: your signing location here
Date: 2023.01.19 15:06:04-0500
Full PDF Error Version: 11.2.2

FINANCE DIRECTOR _____ DATE

CITY MANAGER _____ DATE