

**CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM**

Department Submitted By: Amy Turner

Date: 05/08/2025



Yes Overthreshold Item(s)  
 Underthreshold Item(s)

Item Year	Item Description	Date of Purchase	Purchase Cost	City/Peripheral ID Number	Department	Current Item Condition	Reason for Disposal	Method of Disposal
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73353	Fire Rescue	Good	Surplus	Donation
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73354	Fire Rescue	Good	Surplus	Donation
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73355	Fire Rescue	Good	Surplus	Donation
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73356	Fire Rescue	Good	Surplus	Donation
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73357	Fire Rescue	Good	Surplus	Donation
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73358	Fire Rescue	Good	Surplus	Donation
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73359	Fire Rescue	Good	Surplus	Donation
2019	AIR-PAK- X3 SCBA	07/24/19	\$7,578.26	73360	Fire Rescue	Good	Surplus	Donation
2021	AIR-PAK X3 PRO SCBA SNAP	10/01/21	\$5,737.00	73703	Fire Rescue	Good	Surplus	Donation
2021	AIR-PAK X3 PRO SCBA SNAP	10/01/21	\$5,737.00	73704	Fire Rescue	Good	Surplus	Donation
2021	AIR-PAK X3 PRO SCBA SNAP	10/01/21	\$5,737.00	73705	Fire Rescue	Good	Surplus	Donation
2021	AIR-PAK X3 PRO SCBA SNAP	10/01/21	\$5,737.00	73706	Fire Rescue	Good	Surplus	Donation
2021	AIR-PAK X3 PRO SCBA SNAP	10/01/21	\$5,737.00	73707	Fire Rescue	Good	Surplus	Donation
2021	AIR-PAK X3 PRO SCBA SNAP	10/01/21	\$5,737.00	73708	Fire Rescue	Good	Surplus	Donation
2024	SCBA SELF CONTAINED BREATHING APPARATUS	05/14/24	\$7,038.00	74050	Fire Rescue	Good	Surplus	Donation
2024	SCBA SELF CONTAINED BREATHING APPARATUS	05/14/24	\$7,038.00	74051	Fire Rescue	Good	Surplus	Donation
2024	SCBA SELF CONTAINED BREATHING APPARATUS	05/14/24	\$7,038.00	74052	Fire Rescue	Good	Surplus	Donation
2024	SCBA SELF CONTAINED BREATHING APPARATUS	05/14/24	\$7,038.00	74053	Fire Rescue	Good	Surplus	Donation

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.

Digitally signed by Scott Titus  
 Date: 2025.05.08 15:53:49 -04'00'

**Scott Titus**  
 DEPARTMENT DIRECTOR DATE

Digitally signed by Amy Turner  
 Date: 2025.05.08 14:30:33 -04'00'

**Amy Turner**  
 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.

Digitally signed by Irina Kukharenko  
 Date: 2025.05.12 09:42:11 -04'00'

**Irina Kukharenko**  
 FINANCE DIRECTOR DATE

CITY MANAGER DATE

CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM

Department Submitted By: LeAnn Turner

Date: 02/05/2025



Yes Overthreshold Item(s)

Underthreshold Item(s)

Item Year	Item Description	Date of Purchase	Purchase Cost	City/Peripheral ID Number	Department	Current Item Condition	Reason for Disposal	Method of Disposal
2017	Treadmill	12/29/17	\$6,207.72	73174	Parks & Recreation	Poor	Per Replacement	Traded-In
2017	Treadmill	12/29/17	\$6,207.71	73176	Parks & Recreation	Poor	Per Replacement	Traded-In
2017	Treadmill	12/29/17	\$6,207.71	73178	Parks & Recreation	Poor	Per Replacement	Traded-In

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*Sandy Pfundheller*  
DEPARTMENT DIRECTOR  
*Cheryl Greiner*  
FIXED ASSET CUSTODIAN

DATE \_\_\_\_\_ DATE \_\_\_\_\_

Digitally signed by Sandy Pfundheller  
DN: cn=Investment, cn=City, ou=Departments, ou=Parks & Rec, ou=Administration, ou=Users, cn=Sandy Pfundheller, email=sandy.pfundheller@northportfl.gov  
Reason: I am the author of this document  
Location: your signing location here  
Date: 2025.05.12 09:51:30-0400  
PowerPDF Editor Version: 11.2.8

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

*Irina Kukharenko*  
FINANCE DIRECTOR  
CITY MANAGER

DATE \_\_\_\_\_ DATE \_\_\_\_\_

Digitally signed by Irina Kukharenko  
Date: 2025.05.12 09:52:50 -04'00'

CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM



Department Submitted By: Parks & Recreation  
Date: 05/13/25

true Overthreshold Item(s)  
 false Underthreshold Item(s)

Item Year	Item Description	Date of Purchase	Purchase Cost	City/Peripheral ID Number	Current Item Condition	Reason for Disposal	Method of Disposal
2001	CLEANING MACHINE BURNISHER & SCRUBBER	10/01/01	\$9,000.00	07837	Poor	Scrap	Scrap

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*Sandy Pfundheller*  
DEPARTMENT DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_  
*Cheryl Greiner*  
FIXED ASSET CUSTODIAN \_\_\_\_\_ DATE \_\_\_\_\_

Digitally signed by Sandy Pfundheller  
DN: DC=NorthPort, DC=City, OU=Departments, O=City of North Port, OU=Administration, CN=Sandy Pfundheller, E=sfundheller@northportfl.gov  
Reason: I am the author of this document  
Location: your signing location here  
Date: 2025.05.13 14:59:44-04'00'  
Error: PDF Editor Version: 11.2.12

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

*Irina Kukharenko*  
FINANCE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

Digitally signed by Irina Kukharenko  
Date: 2025.05.15 17:04:07 -04'00'

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

**CITY OF NORTH PORT  
PROPERTY DISPOSAL FORM**



Department Submitted By: Utilities / Wastewater (UWW)

Date: 03/07/25

true Overthreshold Item(s)

false Underthreshold Item(s)

Item Year	Item Description	Date of Purchase	Purchase Cost	City/Peripheral ID Number	Current Item Condition	Reason for Disposal	Method of Disposal
2005	Barscreens (2ea.)	09/30/05	\$290,485.00	6432 - WWTP Expansion	Poor	Per Replacement Policy	Scrap

Per the Code of the City of North Port, Florida (Chapter 55 Section 10-D):  
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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 (Chapter 55 Section 10-D) prior to this/these disposal(s). I accept full responsibility for this action.

*[Signature]* 5-12-25  
DEPARTMENT DIRECTOR DATE

*[Signature]* 5/19/2025  
FIXED ASSET CUSTOMER DATE

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

Irina Kukharenko 10:58:42 -04'00'  
FINANCE DIRECTOR DATE  
Digitally signed by Irina Kukharenko  
Date: 2025.05.13

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