



Chatham County Asset Disposal Form

Asset Information:

Contact Person:
David Camp

Department: 2110 - Building Inspections
If other:

Property Type: Vehicle

Serial Number (VIN): 1GCDDT196258237376

Reason: Safety Issue

Asset Number: 6971

License Plate #: 17711V

Asset(s) Description:
Colorado Pickup truck

Asset(s) Current Condition:
Poor

This form is complete to the best of my knowledge.

Department Head Signature:

eSigned via SeamboraDocu.com
David Camp
Key: 4e17a4b1fe03c5d745b37ae58421ab92

Effective Date:

March 01, 2023

Finance Officer Signature:

To Be Completed by Finance:

Asset Action: Transfer to other Dept. Sell on GovDeals Salvage for Parts
 Donate Demolish/Recycle Other If Other - Description: FY24 Auction

If GovDeals:

If Demolish/Recycle:

Auction #:

Facility Dude #:

Net Sale \$:

Department Asset is Transferring to:

Department:

Reason:

GovDeals Vehicle Inspection Form

Inventory ID: _____	Asset Number: 6971	Fair Market Value: _____																	
Short Description: Year <u>2005</u> Make <u>Chevrolet</u> Model <u>Colorado</u>																			
VIN: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>G</td><td>C</td><td>D</td><td>T</td><td>1</td><td>9</td><td>6</td><td>2</td><td>5</td><td>8</td><td>2</td><td>3</td><td>7</td><td>3</td><td>7</td><td>6</td> </tr> </table> Title Restriction: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			1	G	C	D	T	1	9	6	2	5	8	2	3	7	3	7	6
1	G	C	D	T	1	9	6	2	5	8	2	3	7	3	7	6			
Odometer: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>6</td><td>2</td><td>8</td><td>3</td><td>8</td> </tr> </table> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N: _____			1	6	2	8	3	8											
1	6	2	8	3	8														
Long Description:																			
This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>3.5</u> L, V in-line <u>5</u> <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input type="checkbox"/> Runs <input checked="" type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>Check Engine light On For EVAP System</u> This vehicle was maintained every <u>5000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: <u>3/1/2023</u> Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u> </u> Speed Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____																			
Exterior: Color: <u>White</u> Windows: <input type="checkbox"/> No Cracked Glass <input checked="" type="checkbox"/> Cracked <u>Windshield</u>																			
Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>Good</u> Tread: <u>7/32</u> #Flat <u>0</u> Hubcaps # <u>4</u> Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input type="checkbox"/> Has been removed & <input type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes																			
Interior: Color <u>Gray</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather																			
Damage to Seats: <u>Drvers seat torn</u> Damage to Dash/Floor: _____ Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input type="checkbox"/> Windows <input type="checkbox"/> Door Locks <input type="checkbox"/> Seats																			
Additional Equipment: _____																			
Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____																			
Location of Asset: <u>Old County Garage</u>																			
For more information contact: _____																			
Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.																			