

Agency: _____

Item Description: _____

Item Identification Number: _____

Acquisition Cost: _____ Acquisition Date: _____

Funding Source: _____ Compensating Award Number: _____

Reason for Removal:

Broken No Longer Used Obsolete Other _____

For Internal Use Only:

NeWAP Authorized Signature _____ Date: _____

Approved Not Approved

Agency Verification of Item Disposal

The item was appropriately disposed of or discarded: Yes No

Verified by: _____ Date of Disposal: _____

Verified by: _____ Date of Disposal: _____

A copy of the signed, verified Request to Remove Items from the NeWAP Equipment Inventory Form must be provided to the Nebraska Department of Environment and Energy following disposal.

A copy of the signed, verified Request to Remove Items from the NeWAP Equipment Inventory Form must be included in agency inventory file for possible future state and/or federal monitoring.

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions, findings, conclusions, or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.