

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**

**REQUEST TO REMOVE LOST OR STOLEN PROPERTY FROM PROPERTY RECORDS  
EQUIPMENT INVENTORY**

Facility Name: \_\_\_\_\_

Facility Number: \_\_\_\_\_

**I certify the listed item(s) of property have been missing since the date indicated and all reasonable attempts have been made to find them. All missing property has been declared lost and has not been located for at least one year and all stolen property has been missing at least one year.**

| Property Record Number | Lost/<br>Stolen | Serial Number | Description | Value | Date Reported Missing |
|------------------------|-----------------|---------------|-------------|-------|-----------------------|
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |
|                        |                 |               |             |       |                       |

\_\_\_\_\_ Administrator signature                      \_\_\_\_\_ Print name                      \_\_\_\_\_ Date

\_\_\_\_\_ Executive Director of Contract Services                      \_\_\_\_\_ Date

\_\_\_\_\_ Property Records Technician                      \_\_\_\_\_ Date