

Asset Disposition Request Form

Agency Name

Mailing Address for Vehicle Title (if applicable)

Point of Contact Name

Email

Phone Number

Asset Type

Vehicle

Equipment
(including shelters)

Facility

Other

Asset Description

Asset Lost or Damaged?

Yes No

Asset ID Number

In-Service Date

Out of Service Date
(if applicable)

Months in Service
(excluding time out of service)

Additional Vehicle Information (if applicable)

Year

Make and Model

Current Mileage

VIN

License Plate Number

Does Metro Hold
the Vehicle Title?
Yes No

Planned Disposal Method

Reason for Disposal



Metro

Completed Forms **MUST** be Submitted to Metro for Approval
Prior to Taking any Action