



# GREGORY C. HARRELL

CLERK OF COURT AND COMPTROLLER MARION COUNTY, FLORIDA

P.O. BOX 1030 OCALA, FLORIDA 34478-1030

TELEPHONE (352) 671-5520 WWW.MARIONCOUNTYCLERK.ORG



## ACQUISITION - DISPOSITION FORM

TO: Finance

From: Animal Services

Date:

ASSET IS RETIRED ADD BACK TO INVENTORY:

Asset#	Location	Serial Number
046289	Animal Services	1303BH0186
Description		Year Aquired
PRINS COMMERCIAL WASHER		2013

Acquisition:

Asset/Vehicle Number Being Replaced:   
(If Applicable)

Please attach a copy of the invoice for acquisitions

Disposal:

Disposal Reason: Obsolete

Disposal Method: Discarded

Disposal Location:

Transfer:

Department Receiving Transfer:

Authorized Signature: Kyra Lynch

Digitally signed by Kyra Lynch  
DN: cn=Kyra Lynch, o=Marion County Animal Services, ou,  
email=Kyra.Lynch@MarionFL.org, c=US  
Date: 2024.03.19 11:55:24 -04'00'

Secondary Signature: \_\_\_\_\_

(If Applicable) \_\_\_\_\_

Fleet Signature: \_\_\_\_\_

(If Applicable) \_\_\_\_\_

BCC Chairman Signature: \_\_\_\_\_

Forward copy of approved form to: Clerk of Court and Comptroller-Finance Department. Please include a copy of the loss report for all risk claims.

Use SEE ATTACHED in the Asset# column for disposal lists.



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## ACQUISITION - DISPOSITION FORM

TO: Finance

From: Animal Services

Date:

ASSET IS RETIRED ADD BACK TO INVENTORY:

Asset#	Location	Serial Number
050089	Animal Services	1708028431

Description	Year Aquired
IPSO 75LB DRYER	2017

Acquisition:

Asset/Vehicle Number Being Replaced:   
(If Applicable)

Please attach a copy of the invoice for acquisitions

Disposal:

Disposal Reason: Obsolete

Disposal Method: Discarded

Disposal Location:

Transfer:

Department Receiving Transfer:

Authorized Signature: Kyra Lynch

Digitally signed by Kyra Lynch  
DN: cn=Kyra Lynch, o=Marion County Animal Services, ou,  
email=Kyra.Lynch@MarionFL.org, c=US  
Date: 2024.03.19 11:54:58 -04'00'

Secondary Signature: \_\_\_\_\_

(If Applicable) \_\_\_\_\_

Fleet Signature: \_\_\_\_\_

(If Applicable) \_\_\_\_\_

BCC Chairman Signature: \_\_\_\_\_

Forward copy of approved form to: Clerk of Court and Comptroller-Finance Department. Please include a copy of the loss report for all risk claims.

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