

CLERK OF COURT AND COMPTROLLER MARION COUNTY, FLORIDA

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

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



TO: Finance	From: Health De	epartment	Date	: 06/13/2024	
ASSET IS RETIRED ADD BACK	TO INVENTORY:]			
Asset# 036777	Ī	Location Dental Dept.		Serial Number 13999673	
	Lifepak	Description 500 AED skylark	•	Puro 02/06/2	chase Date 2002
Acquisition:	Asset/Vehicle Num	ber Being Replaced: able)		Please attach a copy for acquisi	
Disposal: Ois	sposal Reason:	Obsolete			•
Disposal Method:		~	Disposal Date:		
Transfer: D	epartment Receivin	g Transfer:			
Authorized Signature/Dat		Lander	Digitally signed by M Date: 2024.06.17 12		
Tieet-AcA Authorization/					
BCC Chairman Signature/I	Date :				
Forward copy of approved	d form to: Clerk of C	ourt and Comptroller-	Finance Department.		
Please include a copy of th	ne loss report for all	risk claims.			
Use SEE ATTACHED in the	Asset# column for o	disposal lists.			



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TO: Finance	From: Health [Department	Date	e: 06/13/2024	
ASSET IS RETIRED ADD B	BACK TO INVENTORY:				
Asset# 038932	· I	Location Dept.	ĵ	Serial Nu 3825	- Committee - Comm
000002	•	Description	·		Purchase Date
	Shor	rty Low Speed Drill		Į0	9/30/2005
Acquisition:		mber Being Replaced: licable)			a copy of the invoice acquisitions
Disposal:	Disposal Reason:	Obsolete			▼
Disposal Method:	Thrown Out	~	Disposal Date:		
Transfer:	Department Receiv	ing Transfer:			
Authorized Signature/	Date .	Lander	Digitally signed by Date: 2024.06.17 1		
Fleet-ACA Authorizati	on/Date:				
BCC Chairman Signatu	ure/Date :				
Forward copy of appre	oved form to: Clerk of	Court and Comptroller-	Finance Department	t.	
Please include a copy	of the loss report for a	all risk claims.			
Use SEE ATTACHED in	the Asset# column for	r disposal lists.			



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

GREGORY C. HARRELL

CLERK OF COURT AND COMPTROLLER MARION COUNTY, FLORIDA

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







TO: Finance	From:	Health De	partment	•	Date:	06/13/202	4	
ASSET IS RETIRED ADD	BACK TO INVE	NTORY:						
Asset# 038933			Location Dental Dept.			Serial N		
			Description v Speed Drill sk	ylark			Purchase Da 09/30/2005	ate
Acquisition:	Asset/V	ehicle Numb (If Applicat	er Being Replaced	:			ch a copy of the in or acquisitions	ıvoice
Disposal:	Disposal Re	eason: (Obsolete					•
Disposal Method:	Thrown C	out	•	Disposal D	ate:			
Transfer:	Departme	nt Receiving	Transfer:					T.S
Authorized Signature	e/Date :	Mark l	ander		gned by Ma 4.06.17 11:2	ork Lander 26:38 -04'00'		
Fleet-ACA Authoriza	tion/Date:	_					a	
BCC Chairman Signat	ture/Date :						s	-
Forward copy of app	roved form to	: Clerk of Co	urt and Comptroll	er-Finance Dep	artment.			
Please include a copy	y of the loss re	eport for all r	isk claims.					



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TO: Finance	From: Health [Department	Date	e: 06/13/2024	
ASSET IS RETIRED ADD B	ACK TO INVENTORY:				
Asset# 038934	Ĭ	Location Dental Dept.	ſ	Serial Number 382536	er
	Shorty L	Description ow Speed Drill skyl	ark	P	urchase Date 0/2005
Acquisition:	Asset/Vehicle Nui	mber Being Replaced: licable)		Please attach a co	opy of the invoice uisitions
Disposal:	Disposal Reason:	Obsolete			\rightarrow
Disposal Method:	Thrown Out	▼	Disposal Date:		
Transfer:	Department Receivi	ing Transfer:			
Authorized Signature/ Fleet-ACA Authorizati		Lander	Digitally signed by Date: 2024.06.17 1		
Tiest / te/t / tellionized					
BCC Chairman Signatu	ire/Date :			-3	
Forward copy of appro	oved form to: Clerk of	Court and Comptroller-	Finance Department		
Please include a copy	of the loss report for a	ıll risk claims.			
Use SEE ATTACHED in	the Asset# column for	disposal lists.			



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TO: Finance	From:	Health Department		Date:	05/19/2023	
ASSET IS RETIRED ADD BA	ACK TO INVEN	NTORY:				
Asset# 048235		Locatio IT Roc		Ī	Serial Nur 3L579	A STATE OF THE STA
		Description POWEREDGE T		•		Purchase Date 2/05/2015
Acquisition:	Asset/V	ehicle Number Being Rep (If Applicable)	laced:			a copy of the invoice acquisitions
Disposal:	Disposal Re	eason: Obsolete				
Disposal Method:	Thrown O	ut		Disposal Date:	05/19/2023	
Transfer:	Departme	nt Receiving Transfer:				
Authorized Signature/I	oute.	Mark Lander	<i>)</i>	Digitally signed by Ma Date: 2024.06.17 07:0		
BCC Chairman Signatur	re/Date :					
Forward copy of appro	oved form to	: Clerk of Court and Comp	11.50-11			
Please include a copy of						
Use SEE ATTACHED in t	the Asset# c	olumn for disposal lists.				



CLERK OF COURT AND COMPTROLLER MARION COUNTY, FLORIDA

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



ACQUISITION - DISPOSITION FORM



TO: Finance	From: Health Department	Date: 06/10/2024
ASSET IS RETIRED ADD BAC	K TO INVENTORY:	
Asset# 048488	Location IT Room	Serial Number 048488
0+0+00		
	Description Battery Back Up System	Year Aquired 2016
Acquisition:	Asset/Vehicle Number Being Replaced: (If Applicable)	Please attach a copy of the invoice for acquisitions
Disposal: 🗸 D	isposal Reason: Total Loss	
Disposal Method: D	iscarded Disposal Loca	ition: Department
Transfer:	Department Receiving Transfer:	
Authorized Signature:		ed by Mark Lander 6.17 07:13:20 -04'00'
Secondary Signature:		
(If Applicable)		
Fleet Signature:		
(If Applicable)		
Forward copy of approve	ed form to: Clerk of Court and Comptroller-Finance	Department. Please include a copy of the loss

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



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ACQUISITION - DISPOSITION FORM



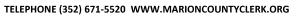
ASSET IS RETIRED ADD BACK TO INVENTORY:
Asset# Location Serial Number
048489 IT Room 048489
Description Year Aquired
Battery Back Up System 2016
Acquisition: Asset/Vehicle Number Being Replaced: (If Applicable) Please attach a copy of the invoice for acquisitions
Disposal:
Disposal Method: Discarded Disposal Location: Department
Transfer: Department Receiving Transfer:
Authorized Signature: Mark Lander Digitally signed by Mark Lander Date: 2024.06.17 07:12:53 -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

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



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ACQUISITION - DISPOSITION FORM



TO: Finance	From: Health Department	D	oate: 06/10/202	24
ASSET IS RETIRED ADD BACK	TO INVENTORY:			
Asset# 048490	Location IT Room		Serial N 048	
	Description Battery Back Up Syste	m		Year Aquired 2016
Acquisition:	Asset/Vehicle Number Being Replaced	:t		ch a copy of the invoice or acquisitions
	sposal Reason: Total Loss scarded D	Disposal Location:	epartment	
Transfer: D	epartment Receiving Transfer:			
Authorized Signature: Secondary Signature:		Digitally signed by Ma Date: 2024.06.17 07:1		
(If Applicable) Fleet Signature:				
(If Applicable)				
BCC Chairman Signature:				
Forward copy of approve	d form to: Clerk of Court and Comptrol	ler-Finance Departm	ent. Please include	a copy of the loss

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



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ACQUISITION - DISPOSITION FORM



TO: Finance	From: Fire Rescue		Date: 06/19/202	24
ASSET IS RETIRED ADD BA	CK TO INVENTORY:			
Asset#	Locati		Serial N	
48518	FS1 ⁻	7	1510060	800000
	Description			Year Aquired
	F019512 ICE MA	<u> </u>		2016
Acquisition:	Asset/Vehicle Number Being Rep	laced:		ch a copy of the invoice or acquisitions
Disposal:	Disposal Reason: Exceeds Us	seful Life		
Disposal Method:	Used for Parts	Disposal Location:	Delivered to Faci	lities
Transfer:	Department Receiving Transfer:			
Authorized Signature:	Joe Rinaudo	Digitally signed by Jo Date: 2024.06.19 15		
Secondary Signature:				
(If Applicable)				
Fleet Signature:				
(If Applicable)				
BCC Chairman Signatur	e:			

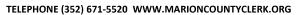
Forward copy of approved form to: Clerk of Court and Comptroller-Finance Department. Please include a copy of the loss report for all risk claims.

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ACQUISITION - DISPOSITION FORM



TO: Finance	From: Health Department	Date: 06/10/202	4
ASSET IS RETIRED ADD BAC	CK TO INVENTORY:		
Asset# 048780	Location IT Room	Serial No.	
	Description Battery Back Up System		Year Aquired 2016
Acquisition:	Asset/Vehicle Number Being Replaced: [ch a copy of the invoice r acquisitions
Disposal: 🚺	Disposal Reason: Total Loss		
Disposal Method:	Discarded Dispos	al Location: Department	
Transfer:	Department Receiving Transfer:		
Authorized Signature:	Mark Lander Digital Date:	ly signed by Mark Lander 2024.06.17 07:11:17 -04'00'	
Secondary Signature:			
(If Applicable)			
Fleet Signature:			
(If Applicable)			
BCC Chairman Signature	::		
Forward copy of approv	ed form to: Clerk of Court and Comptroller-Fi	nance Department. Please include	a copy of the loss

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



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ACQUISITION - DISPOSITION FORM



TO: Finance	From: Health Department		Date: 06/10/202	24
ASSET IS RETIRED ADD BAC	K TO INVENTORY:			
Asset#	Location			Number
048781	IT Roon	1	048	3781
	Description Battery Back Up Sys	tem		Year Aquired
	Dattery Back Op Gys	tem		2016
Acquisition:	Asset/Vehicle Number Being Replac	ced:		ach a copy of the invoice or acquisitions
Disposal: D	Pisposal Reason: Total Loss			
Disposal Method: D	iscarded	Disposal Location:	Department	
Transfer:	Department Receiving Transfer:			
Authorized Signature:	Mark Lander	Digitally signed by Date: 2024.06.17 0		
Secondary Signature:				
(If Applicable)				
Fleet Signature:				
(If Applicable)				
BCC Chairman Signature	;			
Forward copy of approve	ed form to: Clerk of Court and Compti	oller-Finance Depar	tment. Please include	e a copy of the loss

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ACQUISITION - DISPOSITION FORM



TO: Finance	From: Health Department	Date: 06/10/20	024
ASSET IS RETIRED ADD BAC	K TO INVENTORY:		
Asset#	Location		Number
048782	IT Room		18782
	Description		Year Aquired
	Battery Back Up System		2016
Acquisition:	Asset/Vehicle Number Being Replaced: (If Applicable)	Please at	tach a copy of the invoice for acquisitions
Disposal: 🗸 D	isposal Reason: Total Loss		
Disposal Method: D	iscarded Disp	posal Location: Department	
Transfer:	Department Receiving Transfer:		
Authorized Signature:		gitally signed by Mark Lander te: 2024.06.17 07:11:49 -04'00'	
Secondary Signature:			
(If Applicable)			
Fleet Signature:			
(If Applicable)	-		
	:		
Forward copy of approve	ed form to: Clerk of Court and Comptroller	-Finance Department. Please includ	te a copy of the loss

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ACQUISITION - DISPOSITION FORM



TO: Finance	From: Health Department	Date: 06/10/2024
ASSET IS RETIRED ADD BAC	K TO INVENTORY:	
Asset# 050966	Location IT Room	Serial Number 9FMH6L2
030900	Description	Year Aquired
	LATITUDE 3379	2018
Acquisition:	Asset/Vehicle Number Being Replaced: (If Applicable)	Please attach a copy of the invoice for acquisitions
Disposal: 🗸	Disposal Reason: Total Loss	
Disposal Method:	riscarded Disposal L	ocation: Department
Transfer: Department Receiving Transfer:		
Authorized Signature:		signed by Mark Lander 24.06.17 07:13:49 -04'00'
Secondary Signature:		
(If Applicable)		
Fleet Signature:		
(If Applicable)		
	:	nce Department. Please include a copy of the loss
i oi watu copy of applove	sa ionn to, cierk of court and comptioner-final	ice Departiment, riease include a copy of the 1055

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