

CHANGE EQUIPMENT LOCATION AND/OR DEPARTMENT FORM

Print, complete and return to:

UMASS Dartmouth Property Control-Use Interoffice mail: Property Control/ Receiving Power Plant

(Department Head/Dean/Director must sign this form Only if equipment is changing departments)

Requestor's Name: _____ Department Name: _____ Phone: _____

Tag # (If Applicable)	Item Description	Model #	Serial #	Old Location (Bldg/Rm)	New Location (Bldg/Rm)	New Department/ Custodian

I affirm that I have removed all data and files from any computer changing departments

(Dean/Dept Head/Director-Print)

(Signature)

Date: _____