## THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA ITEMS OUT FOR REPAIR

Facility Name:			Facility Number:	
Item Sent To:			Date Sent:	
Address (if sent out of distric	t):			
City, County, State, Zip:				
Contact Name:			Phone Numbe	er :_()
Property Record Number	Serial Numbe	r	Description	
Sent By:				
Property Custodian /Designee Signature Pr		nt Name		Date
Received By:		rint Name		Date
Signature				Date
Complete this section when	the item(s) have	been returned (Not	valid for more than o	ne year from date sent)
Date Returned:		-		
If item(s) have been replaced information, if needed.	or any other chang	ges have been made 1	make comments below.	Attach additional
information, if needed.				
Daturnad Du				
Returned By:		Print Name		Date
Received By:				
Property Custodian/I	Designee Signature	Print Name		Date
Administrator:				
Signature		Print Name		Date
Original: Property Records Departme			FC-220-2407	
Copy: Facility			)CV	(Rev. 06/28/16)
	A	n Equal Opportunity Ager	ic y	