



TRINITY COUNTY
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Capital Asset Physical Transfer/Relocation form

PART I

Item Information

Asset ID# _____

Item Description:

Serial Number/VIN Number _____

PART II

Item Location

Old Location: _____ (Department Number)

New Location: _____ (Department Number)

PART III

Authorization

Releaser's Authorization: _____ Date: _____

Receiver's Authorization: _____ Date: _____