



**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: \_\_\_\_\_