**SURPLUS REQUEST FORM**
(For municipalities & non-profit organizations use only)

Please print clearly.

<table>
<thead>
<tr>
<th>Description</th>
<th>Item Number</th>
<th>No. of Units</th>
<th>Purchase Price (per unit)</th>
<th>Total Price</th>
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</table>

Contact Person: __________________________ Telephone No: ______________________
Signature: __________________________ Date: __________

Email Address: __________________________

Chief Procurement Officer: __________________________
Signature: __________________________ Date: __________

Federal ID Number (9 digits):

State Agency
Offering Surplus: __________________________
Address: __________________________
Contact Person: __________________________ Telephone No: ______________________

Attach additional pages if necessary.

This Form May be Mailed or Faxed to: Massachusetts State Surplus Property Office
One Ashburton Place, Room 1017
Boston, MA 02108
Telephone: 617-720-3146
Fax: 617-727-4527

(SSPO USE ONLY)

APPROVED ☐ NOT APPROVED ☐