



COOK COUNTY PROPERTY DISPOSAL FORM
Department Of Facilities Management

Location of
Origination _____

Building Custodian Name (Printed)

Date Submitted _____

Contact No. _____

Salvage Work Order Number _____

IMPORTANT! This form must be accompanied by Salvage Request Form showing items being disposed of as trash has been crossed out.

Item / Part Number	Manufacturer	Description	Quantity
BC Signature			