



DEPARTMENT OF FACILITIES MANAGEMENT



2323 S. ROCKWELL ST., CHICAGO IL 60608
PHONE: (773)-843-7306
salvage@cookcountyil.gov

REQUEST FORM

WORK ORDER #

Salvage Type:

Furniture

Metal

E-Waste

Record Storage

Were any items Purchased with Grant Funds?

Yes *Call Procurement before continuing*

No

Records Management Administrator Required

Request Date:

Are any papers PIPA &/or HIPPA Regulated?

Department:

Yes

No

Salvage Coordinator:

Phone #:

PICK-UP LOCATION

DELIVERY LOCATION (IF RELOCATING ITEMS)

Department:

Department:

Contact Name:

Contact Name:

Address/Suite #:

Address/Suite #:

Phone #:

Storage Area Location:
(i.e. floor, cage # or Letter, etc.)

Email Address:

Phone #:

Email Address:

QUANTITY AND DESCRIPTION OF ITEMS

Quantity

Description

THIS FORM IS INTENDED FOR COOK COUNTY GOVERNMENT INTERNAL USE

This form must be signed and turned into department Salvage Coordinator

Department Head Signature

Date

Salvage Coordinator Signature

Date



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E-WASTE INVENTORY FORM

I certify that all below listed electronics have had all hard drives and record-able components removed according to Cook County MIS Requirements.

MIS Signature Required

Date Hard Drive Removed

*Prior to pick-up of equipment, department must coordinate with IT to have all hard drives removed. This **MUST BE SIGNED PRIOR** to submitting Salvage Request Form.*

DESCRIPTION OF ITEM

MAKE

MODEL #

SERIAL #

TOTAL # OF ITEMS TO BE PICKED UP:

Salvage/Facilities Coordinator

Date

Include additional sheets as necessary.