

**COUNCIL MEETING AGENDA REQUEST FORM**

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COUNCIL MEETING DATE: February 28, 2023

SUBJECT/REASON FOR AGENDA ITEM: \_\_\_\_\_

Temporarily Alcohol Permit Waiver  | Open Container Law Waiver

Other: \_\_\_\_\_

***Please be specific about the reason to be on the agenda.***

Introduction of an ordinance declaring moveable property as surplus and providing for a donation to Tangipahoa African American Heritage Museum. Three (3) Lenovo Thinkcenter M71z computers

Requested By: Recreation

NAME: Jana Thurman

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

Please note that the Hammond City Council meets the Second and Fourth Tuesday of the Month at 5:30pm, 312 East Charles Street, Hammond, LA 70401, All requests have to be submitted to the City Council Clerk by the Wednesday prior of the meeting no later than 4:30pm, All requests can be submitted electronically to cockerham\_la@hammond.org or fax (985) 277-5611. If you have any questions please call (985) 277-5610

**BELOW TO BE FILLED OUT BY COUNCIL CLERK**

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DATE RECEIVED: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

Council Clerk: Lisa Cockerham Agenda Item Number \_\_\_\_\_

Approved: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Remarks: \_\_\_\_\_

Kip Andrews  
Council President

\_\_\_\_\_  
Tonia Banks

\_\_\_\_\_  
Date



**Tangipahoa African American Heritage  
Museum and Veterans Archives**

PO BOX 1631  
Hammond, LA 70404  
Office 985.542.4259 Fax 985.542.2333  
Email: [tangiafromuseum@att.net](mailto:tangiafromuseum@att.net)  
Website: [www.taahm.org](http://www.taahm.org)

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October 25, 2022

Dear Mrs. Dotey,

I am writing on behalf of the Tangipahoa African American Heritage Museum and Veterans Archives to request a donation of five (5) computer for our facility. The computers would help with our computer lab that we house on our facility.

We would greatly appreciate this donation. We will also provide a donation receipt letter with the TAAHM & VA's tax-exempt ID number for your records.

If you have any questions or need further information, please contact Delmas Dunn, Sr at (985) 542.4259 or at [tangiafromuseum@att.net](mailto:tangiafromuseum@att.net).

Sincerely,

Delmas A. Dunn, Sr.

*Delmas A. Dunn, Sr.*

TAAHM & VA President

**City of Hammond Purchasing Department  
Surplus/Transfer Request Form  
[Use a Separate Form for Different Dispositions]**

<b>I.</b> Department Name: Recreation		Date: 2/2/23	
Approved By: Desirae Dotey	Fax:	Ext.: 5901	
Requested Disposition:			
<input checked="" type="checkbox"/> Surplus item(s) to City of Hammond Property Control <input type="checkbox"/> Department wishes to keep item(s) & dismantle for parts to repair like equipment. <input type="checkbox"/> Transfer tagged property to _____ Dept* New Location: _____			
NOTE: *IF PROPERTY HAS BEEN MOVED-COMPLETION OF SECTION III IS REQUIRED.			
PROPERTY #	DESCRIPTION OF PROPERTY	LOCATION	CONDITION
8484	Lenovo Thinkcenter M71z	Recreation	Used

<b>II.</b> THIS SECTION TO BE COPMPLETED BY PROPERTY CONTROL STAFF	
Form Received By Property Control	Date:
<input type="checkbox"/> To be transported by Physical Plant to PC Surplus <input type="checkbox"/> To be transferred to another dept as indicated <input type="checkbox"/> None/Property delivered with form by department <input type="checkbox"/> Authorization for dept to cannibalize for parts	
Authorized By Property Control:	Date:

<b>III. ATTENTION:</b> DO NOT SIGN UNTIL ITEMS ARE PICKED UP OR TRANSFERRED		
Released By:	Dept Name:	Date:
Received By;	Dept Name:	Date:
Completed By:	Dept Name:	Date:

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<input type="checkbox"/> To be transported by Physical Plant to PC Surplus <input type="checkbox"/> To be transferred to another dept as indicated <input type="checkbox"/> None/Property delivered with form by department <input type="checkbox"/> Authorization for dept to cannibalize for parts	
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