

COUNCIL MEETING DATE: Septe	mber 23, 2025		
SUBJECT/REASON FOR AGENDA IT	EM:		
Temporarily Alcohol Permit Waiver Other:		•	
Please be specific about the real Introduction of an ordinance declar donation to the Town of Independent	ing moveable إ	property as surplus and providing	for a
Requested By: Police Department NAME: Charles Borchers ADDRESS PHONE # EMAIL:	CELL PHONE	 :	
	All requests have han 4:30pm, All r 7-5611. If you ha	to be submitted to the City Council Clerk equests can be submitted electronically live any questions please call (985) 277- IT BY COUNCIL CLERK	k by the to -5610
**************************************	*****	********	*****
DATE RECEIVED:		TIME RECEIVED:	
Council Clerk: <u>Lisa Cockerham</u>	Agenda Iter	n Number	
Approved:	(Yes)		(No)
Remarks:			
Kip Andrews Council President	_		
Date			

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

I. Department Name	e: Hammond Po	lice	Date:	7/22/25			
Approved By:				10070)			
Requested Disposition:							
Surplus item(s) to City of Hammond Property Control Department wishes to keep item(s) & dismantle for parts to repair like equipment. Transfer tagged property to Todependence Dept* New Location:							
NOTE: *IF PROPERTY HAS BEEN MOVED-COMPLETION OF SECTION III IS REQUIRED.							
PROPERTY #	DESCRIPTION OF PROPERTY	LOCATION		CONDITION			
853	2011 Tahoe 19-9	01. 2.4		used			
15) IGNICZEON BRITTON Police Vipt. Used							
TT							
II. THIS SECTION TO BE COPMPLETED BY PROPERTY CONTROL STAFF							
Form Received By Property Control			Date:				
[_] To be transported by Physical Plant to PC Surplus							
[] To be transferred to another dept as indicated							
[] None/Property delivered with form by department [] Authorization for dept to cannibalize for parts							
Authorized By Property Control:			Date:				
III. ATTENTION: DO NOT SIGN UNTIL ITEMS ARE PICKED UP OR TRANSFERRED							
Released By:	Dept Name:	Dept Name:		Date:			
Received By;	Dept Name:	Dept Name:		Date:			
Completed By:	Dept Name:	Dept Name:		Date:			







