

## BRAZORIA COUNTY DISPOSAL OF COUNTY PROPERTY

Date: 3-31-26

Department: Brazoria County Constable Pct3 Dept #: 32300 Fund: \_\_\_\_\_

<b>TYPE OF ASSET:</b>	
Track Asset (\$2,000-\$4,999) _____	General Property _____
Capital Asset (\$5,000+) _____	
<b>TYPE OF TRANSACTION:</b>	
Disposal via Auction <input checked="" type="checkbox"/>	Disposal via Trash _____
Disposal via Sale (non-Auction) _____	Non-Profit _____
Entity Name _____	Disposal via Scrap _____
Dollar Amount _____	Scrap Yard _____
Disposal via Trade-In _____	
Vendor _____	
Dollar Amount _____	
<b>GRANT:</b> (complete if Grant purchased item. Attach all Grant paperwork)	
Grant Name _____	
Grant approval to dispose Yes _____ No _____	
State/Federal Funds: Yes _____ No _____	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed By: Ricky Bort

Date: 3-31-26

Department Head: \_\_\_\_\_

*CB Stevens*  
Signature

Date: 4/2/26

Item Description (year, make, model, color)	Serial or VIN #	Equip #	PeopleSoft Asset ID #	Condition/Defects
2008 Ford Expedition-Gold C3-03-2008	1FMFU155X8LA60575			Poor
2008 Ford Expedition-Gold C3-01-2008	1FMFU15588LA60588			Poor
Vehicle Cage (2)				Good
Vehicle Console/Radio (2)				Good

SEND ORIGINAL TO PURCHASING  
RETAIN A COPY FOR YOUR RECORDS

Item Description (year, make, model, color)	Serial or VIN #	Equip #	PeopleSoft Asset ID #	Condition/Defects
Vehicle Spotlight (2)				Poor
Control Box - Overhead (2)				Good
Exterior Speakers (4)				Poor
Overheads -Code 3 - (2)				Poor
Misc. Lights				Poor
Computer Docking Station (2)				Unknown
Vehicle Storage Box				Good

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## Vehicle Inspection Form

<b>Inventory ID:</b> _____	<b>Asset Number:</b> _____	<b>Fair Market Value:</b> \$2,000.00
<b>Short Description:</b> Year <u>2008</u> Make <u>Ford</u> Model <u>Expedition</u>		
<b>VIN:</b> <u>1FMFU15588LA60588</u> <b>Title:</b> <input checked="" type="checkbox"/> Clean Title <input type="checkbox"/> Salvage Title <input type="checkbox"/> No Title <input type="checkbox"/> Court Documents Only <input type="checkbox"/> SF97 Form <input type="checkbox"/> Other		
<b>Odometer:</b> <u>139168</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers <input type="checkbox"/> Hours <b>Odometer Accurate?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>Long Description:</b>		
This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Drivable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only <b>Engine- Type:</b> <u>      </u> L, V <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: _____ This vehicle was maintained every <u>5,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles/Kilometers Date Removed from Service: <u>2-26-26</u> Maintenance Records: <input checked="" type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection <b>Transmission:</b> <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual <u>      </u> Speed    Condition: <input type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is Unknown Condition Repairs Needed: _____ <b>Drivetrain:</b> <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive    Condition: _____ <hr/> <b>Exterior:</b> Color: <u>Tan / Gold</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked    _____ Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings    Tire Condition: <u>Good</u> Tread: _____ #Flat _____ Hubcaps # _____ Major Damage to: _____ Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No impressions Emergency equip: <input type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes <hr/> <b>Interior:</b> Color <u>Tan</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>None</u> Damage to Dash/Floor: <u>None</u> Radio: <input checked="" type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: _____ <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD AC Condition: <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Unknown <input type="checkbox"/> No AC    Air Bags: <input checked="" type="checkbox"/> Driver's Side <input type="checkbox"/> Dual <input checked="" type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input type="checkbox"/> Seats		
<b>Additional Equipment:</b> _____		
Manufacturer _____ Model _____ Serial # _____ <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand _____ <input type="checkbox"/> Hitch: Type _____		
<b>Location of Asset:</b> <u>BCSO</u>		

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