State of New Jersey
Surplus Computer Donation Program
Computer Equipment Request Form

INSTRUCTION: This form must be signed by either the Chief Executive, Head Administrative or Financial Official, Principal, Chairman or President of the organization requesting surplus computer equipment. Mail this form to the following address: Distribution and Support Services, Surplus Property Unit, Attn: Surplus Computer Donation Program, P.O. Box 234, Trenton, NJ 08625-0234. Hand delivered or telefaxed forms will not be accepted.

Organization: _________________________________ Address:________________________________________
City-State-ZIP: ______________________________ Telephone:______________________________

Type Organization
☐ Local Government ☐ School ☐ Charitable/Non-Profit

This organization requests computer equipment available under Posting Number ___________ with a Date of Availability of _________________.

_____________________________________            _____________________________            _____________
Typed Name and Title of Authorizing Official                                Signature                                          Date

________________________________________      and/or    _______________________________________

Email address for Results Notification

STATE USE ONLY
Registration Form On File: _____  _____

Date/Time Request Received: ________________                                          Order of Receipt: _________

Initial Status: ___ Request Satisfied ___ Request Not Satisfied

Date/Time Org. Notified of Initial Status: _______________   Org. Response:  ___ Still Interested ___ Not Interested

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Notes/Comments:_________________________________________________________________________________
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Form CDP-02 (rev. 1/07)