



**COLORADO STATE UNIVERSITY**  
**LOCATION/RESPONSIBILITY CHANGE REQUEST**  
 See detailed instructions on back of this form

RETURN <b>ORIGINAL</b> TO: Property Management 310 Howes Street Business Center 6003 Campus Delivery 491-2270	<b>X LOCATION/RESPONSIBILITY CHANGE ONLY</b>
	_____ Property Management Office Signature
	_____ LOT #

**ALL FIELDS REQUIRED**

Condition Code – 1 = Operational, 2 = Needs Repair, 3 = Beyond Repair

CSU Decal Number	Item Description	Old Building #	Old Room #	Funding (Property use only)	Value (Property use only)	
Serial Number	Manufacturer	Model	Condition	New Building #	New Room #	New Responsible Party
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<b>Releasing Department Authorization</b>	<b>Acquiring Department Acceptance</b>
Dept Name _____	Dept Name _____
Dept Number _____ Telephone Extension _____	Dept Number _____ Telephone Extension _____
_____ Authorized Signature (Please don't use black ink.)	_____ Authorized Signature (Please don't use black ink.)
_____ Date	_____ Date
Prepared By: _____	
Date Prepared: _____	
Revised 12/19/07	

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LOCATION/RESPONSIBILITY CHANGE REQUEST**

Use this form if you are moving equipment to another room, reassigning responsibility within your department or transferring equipment between CSU departments.

All equipment movement must be coordinated with your department's Property and Space Survey contacts and we recommend utilizing Moving Services at 1-0120 or <http://www.facilities.colostate.edu/index.asp?url=buildings/moving>

*Equipment with a "Property of US Government ~ FEPP CSU Oversight" tag requires special procedures and cannot be transferred without prior approval.*

FOR ALL OTHER DISPOSITION CHANGES USE THE **EQUIPMENT ACCOUNTABILITY CHANGE REQUEST (EACR) FORM**

COMPLETING THE EQUIPMENT INFORMATION SECTION

All the information pertinent to the item being relocated is necessary in this section. It is important that Property Management can identify the items being moved and their new location/responsible person. If the CSU tag is missing or written in error the other demographic information can help correctly identify the item. Please include the appropriate Condition code found listed in the space above the box.

If there are more items than will fit on this page, please fill out an additional form and have each form signed.

COMPLETING THE RELEASING DEPARTMENT AUTHORIZATION BOX

The Department that is accountable for the listed equipment must have an authorized person sign this signature box. Property Management has the list of these signers if you are unsure. Call 1-2270.

COMPLETING THE ACQUIRING DEPARTMENT AUTHORIZATION BOX

For transfers where another CSU department is accepting accountability for the listed equipment they must have an authorized person sign this signature box. Property Management has the list of these signers if you are unsure. Call 1-2270.

**SEND THE ORIGINAL FORM TO PROPERTY MANAGEMENT  
EACH DEPARTMENT SHOULD KEEP A COPY FOR THEIR RECORDS**