

**PROPERTY MANAGEMENT  
EQUIPMENT REPAIR and EXCHANGE**

Keep this Form in Department Until Property is Returned.  
If Property was Exchanged Send Form to Property Management  
204 Bryan

Date\_\_\_\_\_

Department\_\_\_\_\_

Account Number\_\_\_\_\_

Date Item Returned\_\_\_\_\_

Tag Number\_\_\_\_\_ Value\_\_\_\_\_

Description\_\_\_\_\_ Serial Number\_\_\_\_\_

Reason for Return\_\_\_\_\_

Company Name\_\_\_\_\_

Company Address\_\_\_\_\_

Phone Number\_\_\_\_\_

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

Signature

*If the item is exchanged for any reason send this form to Bryan 204.*