LS1 Date	REPOF	LEVY COUNTY RT OF SURVEY – LO	ST/STOLEN		
		Dept. Contact			
		Dept			
The above	ve accountable officer re	equests relief from account	ability for the proper	ty described below:	
Asset #	Description	Date Acquired	Item Cost	Acct. Purposes Only Disposition	
□ LOSTPerson(s) accountal					
		limited access area, periodic	spot check, logged in	and out, etc.)	
Procedure that has	been implemented to cont	trol property loss (Explain):			
I hereby certify tha	t the above is a true and	l complete statement of rea	sons for the above I	request.	
Accountable Officer	Signature:			Date:	
Department Head: _					
	FOR SURVEY	BOARD ONLY – DO NOT W	/RITE IN THIS SPAC	E	
	• •	other			
Survey Roard Appro	ival			Date	

 $Department\ retain\ SIGNED\ copy-Forward\ SIGNED\ ORIGINAL\ to\ Levy\ County\ Clerks\ Office,\ Finance\ Dept./Asset\ Mgr.$