
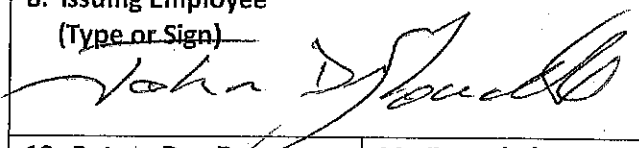


**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

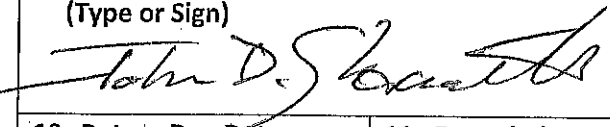
1. Date 9-6-00	2. Name of Chargeable Employee James Alb	3. Telephone Number 317-496-9860
4. Custody Receipt #	5. Room Number and Location	6. Agency
7. CERTIFICATE OF RECEIPT AND RESPONSIBILITY: <i>By signing signature below, I acknowledge possession of the property listed above. I accept full responsibility for the property use and protection of the property. I understand that the property is FOR OFFICIAL USE ONLY and it may it may not be transferred except by return to or approval of the issuing official. Custodian initials acknowledging he/she has read and understands this box.</i>		
8. Signature of Employee Responsible For Asset (Type or Sign) 		9. Signature and Title of Facility Official (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
15. Property May Be Removed From Premise YES <input type="checkbox"/> NO <input type="checkbox"/>	16. Signature and Title of Authoring Official For Removal From Premises (Type or Sign)	17. Date Authorized
18. Valid Through		
FOR OFFICE USE ONLY		

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Property Transfer Form
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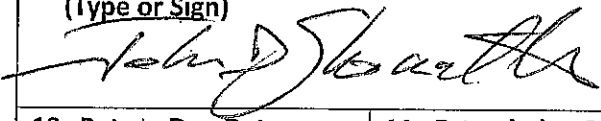
**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 15	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		

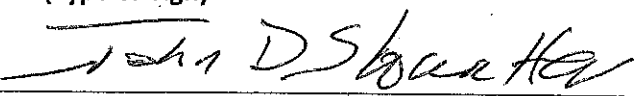
**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 14	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		


**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 13	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		

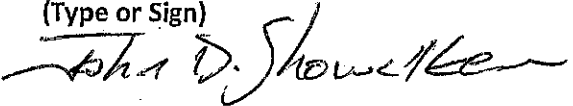
**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 12	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		


**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 11	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		

**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 10	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		


**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 9	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) -- Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		

**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 8	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) <i>John D. Showalter</i>		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		

**Indianapolis Public Safety Logistics
Property Transfer Form
Custody Receipt**

1. Date 04/06/202	2. Name of Employee Central Nine CC:	3. Telephone Number
4. Asset # 7	5. Room Number and Location	6. Marion County Public Safety Logistics Personnel
7. Description of Property: Central Nine CC Hospital Bed		
8. Issuing Employee (Type or Sign) 		9. Receiving Employee (Type or Sign)
10. Return Due Date	11. Extended to Date	12. Extended by (Only Issuing Officer or Designee Signature) – Type or Sign
13. Date Returned		14. Received By (Signature)- Type or Sign
Notes:		