

Items for Disposal

04022018

Item Description	Inventory Location	Serial Number	Reason for Recycling
GEST 1802D Copier	Zoning/Admin	H6827101155	Broken/Obsolete
DSM618D Copier	Police	J92464D1441	Broken/Obsolete
Microsoft Surface Tablet	Zoning	28915334652	Broken/Obsolete
Microsoft Surface Tablet	Zoning	28043434652	Broken/Obsolete

Subject: Equipment Disposal
From: Kraig Hoffmann <KHoffmann@mtbt.com>
Date: 3/30/2018 2:50 PM
To: "cwalder@russelltownship.us" <cwalder@russelltownship.us>
CC: Janet Stack <JStack@mtbt.com>

Chuck,

Thanks again for your Business, we are proud to add Russell Township to the list of MTBT partners. As we spoke the other day on the phone, I am attaching a 2 page pdf. The file contains two Equipment Disposal forms. Please sign and return both forms to me and Janet Stack. These forms give us permission to dispose of the two devices that we picked up when the new Xerox devices were delivered. Feel free to call 216.328.9777 X3311 with any questions.

Best Regards,

Kraig Hoffmann Sales Manager
888-975-6828 | 216-328-9777 x 3311
1239 West 6th Street, Cleveland, Ohio 44113 | www.mtbt.com



A Xerox Company



Attachments: _____

RUSSELL TOWNSHIP Copier Disposal.pdf

74.3 KB

RETURNED EQUIPMENT SCHEDULE

CUSTOMER	Customer No.: _____	REASON FOR RETURN	
Customer: TOWNSHIP OF RUSSELL		<input type="checkbox"/> Own/Trade In**	MODEL SERIAL NO.
Department/Division:		Bought	_____
PO Box: 522		<input checked="" type="checkbox"/> Disposal**	
Street: 8501 Kinsman Rd		<input type="checkbox"/> Returned to following lease company:	_____
City: Novelty State: OH ZIP: 44072		Lease No.	_____
Phone: (440) 338-8912 Fax:		Lease Expiration Date	_____
Contact: Brittany Millite			
Email: bmillite@russelltownship.us			
Return Instructions <u>NO</u>			

Customer is responsible for all return instructions being forwarded to MT Business Technologies, Inc. for return of equipment to appropriate lease company.

Customer is responsible for all late charges if equipment is returned late.

SITE SURVEY	Dock: <input type="checkbox"/> YES <input type="checkbox"/> NO	Elevator: <input type="checkbox"/> YES <input type="checkbox"/> NO	Hours of Operation	Pick Up Date: _____
	Steps: <input type="checkbox"/> YES <input type="checkbox"/> NO	How Many? <u>0</u>		Time: _____

EQUIPMENT		
MAKE/MODEL/ACCESSORIES/SUPPLIES*	SERIAL NO.	ENDING METER
Gest 1802D	H6827101155	

*Credit issued only for full boxes if staples that are returned.

Returned Equipment is: Owned

**Customer certifies the above equipment is clear of balances resulting from purchases, leasing, or service issues and is being turned over to MT Business Technologies, Inc. for Proper Disposal. The above meter reading is the final meter reading for CANCELLATION & BILLING of the service contract. This does not relieve the aforementioned customer of any monies owed to MT Business Technologies, Inc. or its affiliates.

This Equipment Schedule is hereby verified as correct by the undersigned Customer, who acknowledges receipt of a copy.

Chuck Walder	X	Fiscal Officer
CUSTOMER	SIGNATURE	TITLE
		DATED

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