



## Application for Donation of County Surplus Property

### APPLICANT CONTACT INFORMATION

Name of Organization/Individual:	Date of Application:
Address:	Organization Contact Name:
City:	Phone:
State and Zip:	Fax Number:
Website:	Email Address:

### MINIMUM REQUIREMENTS

Your Organization is: (Check One)		
Exempt from taxation pursuant to 26 U.S.C. 501 ( c ) (3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School District (Specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special District i.e. Recreation, Fire Protection, etc. (Specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you are applying as an individual:		
Are you receiving public benefits under one of the following programs:		
CalFresh, CalWORKS, County Relief, General Relief, General Assistance, or MediCal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### DONATION REQUEST

Please describe what specific County Surplus you are requesting (i.e. Computer, Monitor, Printer, desks, chairs) include how many of each type you are requesting:


Submission of this application should not be construed as ensuring that the applicant shall receive a donation/donations of surplus property.

**Return Application to: Support Services Division Surplus, 9650 Goethe Road, Sacramento, CA 95827**

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Upon receipt of this application by the County, all applications submitted are deemed public records and may be subject to public disclosure pursuant to the California Public Records Act (Government Code §6250 et seq.).