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| REQUEST FOR TRANSFER OF EXCESS REAL AND RELATED PERSONAL PROPERTY | 1. GSA CONTROL NUMBER | PAGE OF PAGES | THIS BLOCK FOR USE BY AGENCY RECEIVING REQUEST |
| | 2. DATE OF REQUEST | | DATE REQUEST RECEIVED |
| 3. TO (Name, Address and ZIP Code of agency being requested to transfer the property) | 4. FROM (Name, Address and ZIP Code of agency requesting transfer of the property) | | HOLDING AGENCY NUMBER (If any) |
| | | | ACQUISITION COST \$ |
| | | | APPRAISED FAIR MARKET VALUE \$ |
| | | | REIMBURSEMENT \$ |
| 5. REQUESTING AGENCY'S REPRESENTATIVE TO BE CONTACTED FOR FURTHER INFORMATION (Name, Address and ZIP Code) | 6. PROPERTY IDENTIFICATION AND ADDRESS (Include ZIP Code) | | |

7. REAL PROPERTY REQUESTED

| A. STRUCTURES | | | B. LAND | | C. UTILITIES |
|--|----------------------------|-----------------------------|------------------------------|--------------------------------|---|
| USE (a) | NUMBER OF BUILDINGS (b) | FLOOR AREA (SQ. FT.) (c) | GOVERNMENT'S INTEREST (a) | AREA (Acres of SQ. FT.) (b) | |
| (1) OFFICE | | | (1) FEE | | |
| (2) STORAGE | | | (2) LEASED | | |
| (3) OTHER (Specify) | | | (3) OTHER (Specify) | | |
| (4) TOTAL | | | (4) TOTAL | | |
| 8. RELATED PERSONAL PROPERTY REQUESTED | | | | | 9. ARE FUNDS AVAILABLE FOR REIMBURSEMENT FOR THE TRANSFER OF THIS PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO |

10. CERTIFICATION

Certification is hereby made that this agency has a need for the property identified above to carry on an approved program that the transfer thereof to this agency for the purposes indicated would be in accord with the intent of the Congress with respect to that program; that the requirement cannot be satisfied by better use of this agency's existing property; and that the proposed land use is consistent with GSA FMR (41 CFR) 102-75.115.

The Statement of Justification under Block 11 below for the transfer of the land property requested is complete and accurate.

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
| | | |

11. STATEMENT OF JUSTIFICATION (This statement must include data with respect to all factors covered in GSA FMR (41 CFR) 102-75.115 Block 11, Instructions for Preparation of GSA 1334).

(If required, attach additional pages sized 8 1/2" x 11".)