



**DeWight Dopslauf, C.P.M., CPPO  
Harris County Purchasing Agent**

August 31, 2021

Commissioners Court  
Harris County, Texas

**RE: Inventory Deletions**

Members of Commissioners Court:

Please authorize the following:

**Description:** Removal of Inventory Items Listed on Auditor's Form 3351

**Department:** HC Commissioner Pct. 3 (Org. 103)  
Fire Marshal's Office (Org. 213)  
Public Health Services (Org. 275)

Sincerely,

A handwritten signature in blue ink, appearing to read "DeWight Dopslauf", is written over a faint, larger blue outline of the signature.

DeWight Dopslauf  
Purchasing Agent

Handwritten initials "JG" in black ink, followed by the word "Attachments".

JG  
Attachments

**FOR INCLUSION ON COMMISSIONERS COURT AGENDA SEPTEMBER 14, 2021**

**COUNTY PROPERTY  
DELETION/INDEMNIFICATION REQUEST FORM**

TO BE COMPLETED BY DEPARTMENT

**SECTION 1 DEPARTMENT INFORMATION**

Official's Name: Tom Ramsey Department/Division Name: 103 - HC Commissioner Pct. 3 Current Date: 8/19/2021

**SECTION 2 DELETION OF PROPERTY FROM INVENTORY RECORDS**

**Commissioners Court:** I respectfully request, as applicable, authorization to remove the below listed property from this department's inventory listing or that the Harris County Purchasing Agent be authorized to remove the property from the Harris County Inventory Listing, and for capitalized items, that the Harris County Auditor be authorized to process the appropriate entries to remove the property from the department's general ledger fixed asset accounts.

☒ **Additional Sheets Attached**

INV. CONTROL #	DESCRIPTION	COST	CUR. BOOK VALUE	YEARS IN SERVICE	PURCHASE DATE

Cause for Loss ☐ **Additional Sheets Attached**

The circumstances resulting in this request are:

- ☐ **DAMAGE/DESTRUCTION** due to accident/natural disaster. Date the damage/destruction occurred: \_\_\_\_\_  
Date the accident/disaster reported to Risk Management and the County Auditor: \_\_\_\_\_
- ☐ **THEFT**, and the date of the theft report (**include copy of report**) given to the Sheriff, Constable, or other Peace Officer, the report number assigned by the Officer, and the law enforcement agency are: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
Theft Report Date Theft Report Number Law Enforcement Agency
- ☐ **LOSS**, and the estimated date of loss is: \_\_\_\_\_
- ☐ **WASTE**, the property is no longer functional in any manner and is considered waste.
- ☒ **OTHER**, (specify): see attached report

Deletion Requested By

Official's Signature: [Signature] Date: 8-19-2021

**SECTION 3 INDEMNIFICATION SECTION 3 REQUIRED ONLY FOR DELETIONS DUE TO DAMAGE/DESTRUCTION, THEFT, OR LOSS.**

Local Government Code §157.903 authorizes the commissioners court of a county by order to provide for the indemnification of an elected or appointed county officer against personal liability for the loss of county funds, or loss of or damage to personal property, incurred by the officer in the performance of official duties if the loss was not the result of the officer's negligence or criminal action.

- ☐ I respectfully request Commissioners Court to indemnify me for the liability associated with the loss of the above listed lost, damaged, or stolen property.
- OR**
- ☒ I am NOT requesting Commissioners Court to indemnify me for the loss of the above listed property because:
- ☐ I will reimburse Harris County for the value associated with the loss.
- ☐ Harris County has or will receive \$ \_\_\_\_\_ as a result of an insurance claim/recovery for the loss of the property.
- ☒ The property is no longer functional in any manner, was determined **not** to be surplus, and is therefore considered waste.
- ☐ Other (specify): \_\_\_\_\_

Current Internal Controls (☐ **Additional Sheets Attached**)

Additional Controls Implemented to Prevent Future Losses (If applicable) (☐ **Additional Sheets Attached**)

Action Taken to Recover Property (☐ **Additional Sheets Attached**)

Official's Signature: [Signature] Date: 8-19-2021

TO BE COMPLETED BY PURCHASING AGENT

Reviewed by Purchasing Agent: [Signature] Signature: [Signature] Date: 9-1-21 Recommended Disposal Method for Damaged/Destroyed Items in Department's Possession

TO BE COMPLETED BY COMMISSIONERS COURT

PROPERTY DELETION: ☐ **APPROVED** ☐ **NOT APPROVED** by Commissioners Court  
INDEMNIFICATION: ☐ **APPROVED** ☐ **NOT APPROVED** by Commissioners Court

County Judge's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Harris County Production  
Fixed Assets  
Items Pending Disposal Verification

Dept: 103 HC COMMISSIONER PCT. 3

ASSET ID	DESCRIPTION	MAKE/MODEL	S/N	RETIREMENT TYPE	JUSTIFICATION COMMENTS
300000013394	HUSTLER ZERO TURN MOWER	HUSTLER/ 937003	M# 19082671	SCRAPPED	ENGINE FIRE TOTAL LOSS
300000031990	STORAGE/RETRIEVAL SYSTEM	ROTOMAT/ 98ASRS	N/A	SCRAPPED	WORN BEYOND USEFULLNESS/OBSOLETE
300000031991	ROTOMAT 98ASRS STORAGE/RETRIEVAL SYSTEM	ROTOMAT	N/A	SCRAPPED	WORN BEYOND USEFULLNESS/OBSOLETE



## COUNTY PROPERTY DELETION/INDEMNIFICATION REQUEST FORM

TO BE COMPLETED BY DEPARTMENT

### SECTION 1 DEPARTMENT INFORMATION

Official's Name

Laurie L. Christensen

Department / Division Name

213/Fire Marshal's Office

Current Date

8/16/2021

### SECTION 2 DELETION OF PROPERTY FROM INVENTORY RECORDS

**Commissioners Court:** I respectfully request, as applicable, authorization to remove the below listed property from this department's inventory listing or that the Harris County Purchasing Agent be authorized to remove the property from the Harris County Inventory Listing, and for capitalized items, that the Harris County Auditor be authorized to process the appropriate entries to remove the property from the department's general ledger fixed asset accounts.

☒ **Additional Sheets Attached**

INV. CONTROL #	DESCRIPTION	COST	CUR. BOOK VALUE	YEARS IN SERVICE	PURCHASE DATE

Cause for Loss ☐ **Additional Sheets Attached**

The circumstances resulting in this request are:

☐ **DAMAGE/DESTRUCTION** due to accident/natural disaster. Date the damage/destruction occurred: \_\_\_\_\_

Date the accident/disaster reported to Risk Management and the County Auditor: \_\_\_\_\_

☐ **THEFT**, and the date of the theft report (include copy of report) given to the Sheriff, Constable, or other Peace Officer, the report number assigned by the Officer, and the law enforcement agency are: \_\_\_\_\_

\_\_\_\_\_ Theft Report Date / \_\_\_\_\_ Theft Report Number, and \_\_\_\_\_ Law Enforcement Agency

☐ **LOSS**, and the estimated date of loss is: \_\_\_\_\_

☐ **WASTE**, the property is no longer functional in any manner and is considered waste.

☒ **OTHER**, (specify): Transfer

Deletion Requested By

Official's Signature: \_\_\_\_\_

Date: 8/17/21

### SECTION 3 INDEMNIFICATION

### SECTION 3 REQUIRED ONLY FOR DELETIONS DUE TO DAMAGE/DESTRUCTION, THEFT, OR LOSS.

Local Government Code §157.903 authorizes the commissioners court of a county by order to provide for the indemnification of an elected or appointed county officer against personal liability for the loss of county funds, or loss of or damage to personal property, incurred by the officer in the performance of official duties if the loss was not the result of the officer's negligence or criminal action.

☒ I respectfully request Commissioners Court to indemnify me for the liability associated with the loss of the above listed lost, damaged, or stolen property.

OR

☐ I am NOT requesting Commissioners Court to indemnify me for the loss of the above listed property because:

☐ I will reimburse Harris County for the value associated with the loss.

☐ Harris County has or will receive \$ \_\_\_\_\_ as a result of an insurance claim/recovery for the loss of the property.

☐ The property is no longer functional in any manner, was determined not to be surplus, and is therefore considered waste.

☐ Other (specify): \_\_\_\_\_

Current Internal Controls (☐ **Additional Sheets Attached**)

Additional Controls Implemented to Prevent Future Losses (If applicable) (☐ **Additional Sheets Attached**)

Action Taken to Recover Property (☐ **Additional Sheets Attached**)

Official's Signature: \_\_\_\_\_

Date: 8/17/21

TO BE COMPLETED BY PURCHASING AGENT

Reviewed by Purchasing Agent

Signature: \_\_\_\_\_

Date: 9-1-21

Recommended Disposal Method for Damaged/  
Destroyed Items in Department's Possession

TO BE COMPLETED BY COMMISSIONERS COURT

PROPERTY DELETION:

☐ **APPROVED**

☐ **NOT APPROVED**

by Commissioners Court

INDEMNIFICATION:

☐ **APPROVED**

☐ **NOT APPROVED**

by Commissioners Court

County Judge's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Harris County Production  
Fixed Assets  
Items Pending Disposal Verification  
Dept: 213 FIRE MARSHAL'S OFFICE

ASSET ID	DESCRIPTION	MAKE/MODEL	S/N	RETIREMENT TYPE	JUSTIFICATION COMMENTS
300000059478	TRAILER, 16FT	CARGO CRAFT	4D6EB16226C01 0589	OTHER	TRANSFERRED TO TOMBALL FIRE DEPT PER INTERLOCAL AGREEMENT BETWEEN HARRIS COUNTY AND THE CITY OF TOMBALL . APPROVED BY COMMISSIONERS COURT 1/28/2020



**COUNTY PROPERTY  
DELETION/INDEMNIFICATION REQUEST FORM**

TO BE COMPLETED BY DEPARTMENT

**SECTION 1 DEPARTMENT INFORMATION**

Official's Name Gwendolyn Sims	Department /Division Name 275 - Public Health Services	Current Date 8/3/2021
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**SECTION 2 DELETION OF PROPERTY FROM INVENTORY RECORDS**

**Commissioners Court:** I respectfully request, as applicable, authorization to remove the below listed property from this department's inventory listing or that the Harris County Purchasing Agent be authorized to remove the property from the Harris County Inventory Listing, and for capitalized items, that the Harris County Auditor be authorized to process the appropriate entries to remove the property from the department's general ledger fixed asset accounts.

☒ **Additional Sheets Attached**

INV. CONTROL #	DESCRIPTION	COST	CUR. BOOK VALUE	YEARS IN SERVICE	PURCHASE DATE
	see attached report				

**Cause for Loss** ☐ **Additional Sheets Attached**

**The circumstances resulting in this request are:**

- ☐ **DAMAGE/DESTRUCTION** due to accident/natural disaster. Date the damage/destruction occurred: \_\_\_\_\_  
Date the accident/disaster reported to Risk Management and the County Auditor: \_\_\_\_\_
- ☐ **THEFT**, and the date of the theft report (**include copy of report**) given to the Sheriff, Constable, or other Peace Officer, the report number assigned by the Officer, and the law enforcement agency are:  
\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
Theft Report Date      Theft Report Number      Law Enforcement Agency
- ☐ **LOSS**, and the estimated date of loss is: \_\_\_\_\_
- ☐ **WASTE**, the property is no longer functional in any manner and is considered waste.
- ☒ **OTHER**, (specify): see attached report

Deletion Requested By

Official's Signature: \_\_\_\_\_

Date: 8/11/21

**SECTION 3 INDEMNIFICATION SECTION 3 REQUIRED ONLY FOR DELETIONS DUE TO DAMAGE/DESTRUCTION, THEFT, OR LOSS.**

Local Government Code §157.903 authorizes the commissioners court of a county by order to provide for the indemnification of an elected or appointed county officer against personal liability for the loss of county funds, or loss of or damage to personal property, incurred by the officer in the performance of official duties if the loss was not the result of the officer's negligence or criminal action.

☒ **I respectfully request Commissioners Court to indemnify me** for the liability associated with the loss of the above listed lost, damaged, or stolen property.

**OR**

☐ **I am NOT requesting Commissioners Court to indemnify me** for the loss of the above listed property because:

- ☐ I will reimburse Harris County for the value associated with the loss.
- ☐ Harris County has or will receive \$ \_\_\_\_\_ as a result of an insurance claim/recovery for the loss of the property.
- ☐ The property is no longer functional in any manner, was determined **not** to be surplus, and is therefore considered waste.
- ☐ Other (specify): \_\_\_\_\_

**Current Internal Controls** (☐ **Additional Sheets Attached**)

**Additional Controls Implemented to Prevent Future Losses (If applicable)** (☐ **Additional Sheets Attached**)

**Action Taken to Recover Property** (☐ **Additional Sheets Attached**)

Official's Signature: \_\_\_\_\_

Date: 8/11/21

TO BE COMPLETED BY PURCHASING AGENT

Reviewed by Purchasing Agent

Signature: \_\_\_\_\_

Date: 9-1-21

Recommended Disposal Method for Damaged/  
Destroyed Items in Department's Possession

TO BE COMPLETED BY COMMISSIONERS COURT

PROPERTY DELETION:

☒ **APPROVED**

☐ **NOT APPROVED**

by Commissioners Court

INDEMNIFICATION:

☒ **APPROVED**

☐ **NOT APPROVED**

by Commissioners Court

County Judge's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Harris County Production  
Fixed Assets  
Items Pending Disposal Verification  
Dept: 275 PUBLIC HEALTH SERVICES

ASSET ID	DESCRIPTION	MAKE/MODEL	S/N	RETIREMENT TYPE	JUSTIFICATION COMMENTS
300000060251	CONFERENCE ROOM DISPLAY, MICRO	MICROSOFT/ SURFACE HUB	848215773162	OTHER	RETURNED TO VENDOR FOR CREDIT (\$18,667.58)