Request for Relief of Accountability Form

Subrecipient Name and Address	Date of Request	
	Contract Number	
	Contract Period	

I, _____, request relief of accountability and certify that
(enter name and title)
the following is a fair and accurate listing of all equipment I, _____, from the jurisdiction of
(enter *lost, stolen, or damaged*)
_____.
(enter Subrecipient's address)

SDWP Asset Tag #	Type *(Furniture or Equipment)*	Description of Item	Manufacturer	Serial #	Qty.	Unit Cost	Total Cost

1. Was the equipment stolen? Yes ☐ No ☐
2. Write a brief explanation as to possible reason why inventory or equipment/fixed asset is missing/stolen/damaged.
3. If stolen please attach the police report and any correspondence with the insurance carrier. If the equipment is missing/damaged please provide sufficient information for confirmation, or provide copies of written notification or reports, including correspondence with the insurance carrier.

		FOR SDWP USE ONLY	
Subrecipient Representative Signature	Date	SDWP Approval Signature	Date

FOR SDWP USE ONLY			
Date updated in inventory		Approved ☐	Disapproved ☐

Attach another page if necessary.