Michigan Department of Natural Resources - Grants Management

MARINE SAFETY PROGRAM
EQUIPMENT INVENTORY REPORT

Required by authority of Part 801, 1994 PA 451, as amended.

COUNTY _____ **APPLICATION YEAR** _____

TYPE OF EQUIPMENT	EQUIPMENT IDENTIFIER*	PURCHASE DATE	PURCHASE PRICE	VENDOR	FUNDING SOURCE BY %	CURRENT CONDITION	CURRENT STATUS**

*Year, make, model and serial number
**In use, needs repair, up for disposal

DATE LAST UPDATED _____ **PREPARED/UPDATED BY** _____

I certify that the above listed equipment is owned by the county and is used exclusively for the Marine Safety Program. Disposal of any of the equipment is to be reported to the Michigan Department of Natural Resources.

_____
Authorized Person Name & Title

_____
Authorized Person Signature