



APPLICATION TO PURCHASE STATE-OWNED SURPLUS PROPERTY

PLEASE FILL OUT THE FOLLOWING INFORMATION:

NAME OF NON-PROFIT ORGANIZATION: _____

SERVICE(S) PROVIDED FOR CITIZENS OF ARKANSAS:

ADDRESS: _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

PHONE NO: _____

I hereby authorize the following representative(s) to acquire property from Arkansas State Surplus (Marketing & Redistribution). It is understood that the applicant will utilize all property purchased for their institution.

SIGNATURE OF PERSON AUTHORIZED TO OBLIGATE FUNDS:

SIGNED: _____

PRINTED NAME: _____

EMAIL ADDRESS: _____

TITLE: _____ DATE: _____

IMPORTANT: PLEASE SAVE THIS FORM, SIGN IT, AND ATTACH IT TO AN EMAIL ALONG WITH A COPY OF YOUR ORGANIZATION'S 501(C)(3) STATUS. YOU MAY ALSO PRINT THIS FORM AND SUBMIT IT, ALONG WITH YOUR 501(C)(3) STATUS, IN PERSON TO ARKANSAS STATE SURPLUS.