

## State Surplus Property Registration Form for Web Application (CS-217)

Please email completed form to ogs.sm.state.surplus@ogs.ny.gov or fax to 518-457-4641.

First Name		Last Name	
Agency Name			
Agency Address		City	State Zip Code
Phone	Fax	Email	
Access Level	Name of Agency Surplus Coord	inator	Date
Online View Only			
Online Transfer Request (Shopping Ca	rt)		
Your coordinator will be notified by			
If approved, your coordinator will se	end the request to OGS Surplus	s Property.	
Please email completed form to og	s.sm.state.surplus@ogs.ny.gov	or fax to 518-457-4641. Your	

password will be emailed to you once your application is approved.

Requested User ID:				