

Form Instructions: Email completed form and original photographs (one for each side) of the structure to: Land.Management@ogs.ny.gov

AGENCY NAME:	DATE:	ASSET NO:
FACILITY NAME:	COUNTY:	
STREET ADDRESS:	CITY/TOWN:	
BUILDING DESCRIPTION:		
PRESENT ESTIMATED VALUE:		
FORMER USE:		
REASON FOR REQUESTED BUILDING DISPOSITION:		
INTENDED USE OF PROPERTY IF NOT SPECIFIED ABOVE:		
LOCAL AGENCY CONTACT: NAME: POSITION: TELEPHONE:		

RECOMMENDED DISPOSITION

It is recommended that the above building be: Sold Demolished
 If sale is recommended, is there a potential buyer: Yes No
 If demolition is recommended, should it be implemented by: This Agency By contract through OGS

CERTIFICATION

It is hereby certified that this (department, board, division, or commission) has jurisdiction over the above property and is legally authorized to recommend to the Commissioner of General Services that it be disposed of in accordance with Section 10 of the Public Building Law.

By: _____

Title: _____

OFFICE OF GENERAL SERVICES

Approved this _____ day of _____ 20_____

By: _____

Title: _____

DIVISION OF THE BUDGET

Approved this _____ day of _____ 20_____

By: _____

Title: _____