



Hancock County Board of Supervisors

Recessed Meeting Minutes

August 6, 2021 at 11:30 a.m.

Board Meeting Room

1. Call to Order

- A. Pledge of Allegiance
- B. Invocation

2. Roll Call

Attendee Name	Title	Status	Arrived
Theresa Ryan	District 1	Present	11:30 AM
Greg Shaw	District 2	Present	11:30 AM
Kodie Koenenn	District 3	Late	11:33 AM
Scotty Adam	District 4	Present	11:30 AM
Darrin Bo Ladner	District 5	Absent	

- 1. Motion to excuse District 5 Supervisor, Darrin Bo Ladner from the Meeting.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Theresa Ryan, District 1
SECONDER: Greg Shaw, District 2
AYES: Theresa Ryan, Greg Shaw, Scotty Adam
ABSENT: Kodie Koenenn, Darrin Bo Ladner

3. Amendments to the Agenda

7.G.1. - Motion to amend Motion 8.H.6. from the Monday, August 2, 2021 Meeting, adding quote from Grahams Auto Glass in the amount of \$115.00 to replace the window in the 1996 Ford Explorer belonging to Earl Richard, due to Mr. Richard no being able to drive the automobile to Coast Glass and Mirror. The new total to replace the window will be \$190.00.

7.I.2. - Discussion regarding masks in county facilities.

7.I.3. - Discussion to set Recess Meeting

A. **Motion to:** Motion to accept the agenda.

The record reflects District 3 Supervisor arrived at 11:33 to participate in the discussion and vote on this Item.

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Greg Shaw, District 2
SECONDER: Theresa Ryan, District 1
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

4. Announcements

- A. **The next regular scheduled Board of Supervisor's meeting will be held on Monday, August 16, 2021, at 9:00 a.m.**
- B. **Request for Qualifications (RFQ), for Professional Engineering Services for American Fiscal Recovery Act Projects, Hancock County, will be received by the Board of Supervisors until Monday, August 16, 2021 by 10:00 a.m.**
- C. **A Public Hearing will be held on Monday, August 16, 2021 at 1:30 p.m. to hear objections to the Real and Personal Property Assessment Rolls.**
- D. **A Public Hearing will be held on Wednesday, August 18, 2021 at 6:00 p.m., at the Mississippi Gulf Coast Community College, Harrison County Campus, Fine Arts Auditorium, regarding the House and Senate Committee's development of a plan to redraw the four U.S. House Seats and the 174 State Legislative Seats across the State. The hearings will also be live-streamed on the Mississippi Legislature's YouTube channel.**

5. External Business Agenda

- A. **Port & Harbor**

B. GRPC - Jeff Loftus

6. Departmental Agendas

A. Emergency Management Agency

B. Animal Shelter

C. Justice Court

D. IT Department

E. Purchasing

F. Planning and Zoning

1. Motion to approve the Planning Commission Meeting Minutes held on July 1, 2021.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Kodie Koenenn, District 3
SECONDER: Theresa Ryan, District 1
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

2. Motion to declare the property located at 7120 Magnolia Street, Bay St. Louis, MS 39520 (Klein Subdivision) a public safety hazard and have Justice Court issue a judgment to have the power removed from the structure due to both owners being recently deceased.

The record reflects this Motion was Amended pursuant to the Motion reflected at 6.F.3.

RESULT: **APPROVED AS AMENDED [UNANIMOUS]**
MOVER: Theresa Ryan, District 1
SECONDER: Scotty Adam, District 4
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

3. Motion to consider declaring the property located at 7120 Magnolia Street, Bay St. Louis, Mississippi, as a public safety hazard and setting a Public Hearing for Tuesday, September 7, 2021 at 1:30 p.m., pursuant to Section 19-5-105, and authorize County Attorney to file a Justice Court action.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Theresa Ryan, District 1
SECONDER: Scotty Adam, District 4
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

4. Motion to approve the Planning Commission Meeting Minutes held on July 15, 2021.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Theresa Ryan, District 1
SECONDER: Scotty Adam, District 4
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

G. Parks & Recreation

H. Inventory Clerk

1. Motion to approve and authorize Board President to sign the attached Hancock County property affidavits for inventory removal.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Greg Shaw, District 2
SECONDER: Theresa Ryan, District 1
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

2. Motion to approve the inventory removal and disposal of the assets listed on the attached Exhibit A as they are no longer needed for county purposes.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Kodie Koenenn, District 3
SECONDER: Theresa Ryan, District 1
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty
 Adam
ABSENT: Darrin Bo Ladner

I. Comptroller

J. Board Secretary

7. Elected/Appointed Agendas

A. Sheriff's Office

B. Tax Assessor

C. Circuit Clerk

D. County Court

E. Chancery Clerk

F. County Engineer

G. Road Manager

1. Motion to amend Motion 9598 at 8.H.6. from the Monday, August 2, 2021 Meeting, adding quote from Grahams Auto Glass in the amount of \$115.00 to replace the window in the 1996 Ford Explorer belonging to Earl Richard, due to Mr. Richard no being able to drive the automobile to Coast Glass and Mirror. The new total to replace the window will be \$190.00.

The record reflects a finding of deliberate indifference and no immunity applies to protect the county from the liability.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Greg Shaw, District 2
SECONDER: Theresa Ryan, District 1
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty
 Adam
ABSENT: Darrin Bo Ladner

H. Grant Administrator

I. County Administrator

1. Motion to approve County Officials to travel to Flowood, Mississippi for the MAS American Rescue Plan (ARP) seminar, with an overnight hotel stay for

Tuesday, September 7, 2021, and pre-registration fee for the seminar in the amount of \$200 for MAS members, and \$250 for non-members.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Scotty Adam, District 4
SECONDER: Kodie Koenenn, District 3
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

2. Discussion regarding the resumption of wearing masks in county facilities

RESULT: **NO ACTION TAKEN**

3. Discussion to set Recessed Meeting for Tuesday, August 10, 2021 at 4:00 p.m.

The record reflects the Votes to set the Recessed Meeting for Tuesday, August 10, 2021 were approved and tallied at Item 11.1.

RESULT: **NO ACTION TAKEN**

J. County Attorney

1. Motion to approve and authorize Board President to sign the Memorandum of Understanding between Mississippi Association of Supervisors and the Hancock County Board of Supervisors regarding American Recovery Plan ("ARP").

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Greg Shaw, District 2
SECONDER: Kodie Koenenn, District 3
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

2. Motion to spread on the Minutes, Resolution Approving Use of 2021 American Recovery Act Funds for Kiln Water and Sewer District Utility Project.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Kodie Koenenn, District 3
SECONDER: Greg Shaw, District 2
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

3. Motion to spread on the Minutes, Resolution Approving Use of 2021 American Recovery Act Funds for Drainage Projects.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Theresa Ryan, District 1
SECONDER: Kodie Koenenn, District 3
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty
 Adam
ABSENT: Darrin Bo Ladner

4. Motion to spread on the Minutes, Resolution Approving Use of GOMESA Funds for McLeod Park Project.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Scotty Adam, District 4
SECONDER: Kodie Koenenn, District 3
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty
 Adam
ABSENT: Darrin Bo Ladner

5. Motion to spread on the Minutes, Resolution Approving Use of GOMESA Funds for Beach Sand Restoration.

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Theresa Ryan, District 1
SECONDER: Kodie Koenenn, District 3
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

8. Supervisors Items

- A. District 1**
- B. District 2**
- C. District 3**
- D. District 4**
- E. District 5**

9. Public Comments

The record reflects Denise Catone spoke to the Board regarding needing a Commissioner for Planning and Zoning from District 3, as well as updating the website to add Planning and Zoning agendas and minutes.

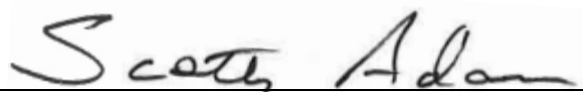
10. Executive Session

11. Adjourn/Recess

1. **Motion to:** Motion to recess the meeting at 12:11:42 PM until Tuesday, August 10, 2021 at 4:00 p.m..

RESULT: **ADOPTED [UNANIMOUS]**
MOVER: Theresa Ryan, District 1
SECONDER: Kodie Koenenn, District 3
AYES: Theresa Ryan, Greg Shaw, Kodie Koenenn, Scotty Adam
ABSENT: Darrin Bo Ladner

The Minutes of the August 6, 2021 have been read and approved.



Supervisor Scotty Adam, President

**Regular Meeting of the Hancock
County Planning Commission held on
July 1, 2021**

**Those Present: R. Ladner, Koenig, Farve and Kellar
County Attorney Gary Yarborough**

Also Present: Anthony Cuevas, Director of Planning & Zoning

Minutes of the Previous Meeting: The minutes of the June 17, 2021 regular meeting were unanimously adopted on the motion of Commissioner R. Ladner with Commissioner Farve abstaining due to being absent.

Mark Necaie d/b/a Markim Real Estate- Revised Preliminary Subdivision Plat- Public Hearing

The Commission considered the application of Mark Necaie requesting a review of a revised Preliminary Subdivision Plan for a 31 Lot Subdivision to be known as Derby Place. The property is located on the West side of Hwy 603 approximately 1 mile north of Hwy 43 Kiln, MS 39556. The parcel number for the property is 063 -0-07-032.000. The property is currently zoned A-1 General Agricultural.

Mr. Necaie was present and explained to the Commission that he removed Lot 20 from the previous Preliminary Subdivision Plan leaving only 31 Lots.

There was no public comment on the application.

After discussion on the matter it was unanimously adopted on the motion of Commissioner Koenig to recommend the Revised Preliminary Subdivision Plan with 31 Lots.

Charles Bourgeois- Special Exception Use-Public Hearing

The Commission considered the application of Charles Bourgeois requesting a 10-acre expansion to an existing Surface Mining Pit. The property is located at 8200 Bayou Lacroix Rd. Bay St. Louis, MS 39520. The parcel number for the property is 128 -0-27-011.001. The property is currently zoned A-1 General Agricultural.

Mr. Bourgeois was present at the meeting and explained to the Commission that he would like to expand his current Surface Mining Operation to include 10-acres.

There was no public comment on the application.

After discussion on the matter it was unanimously adopted on the motion of Commissioner R. Ladner to recommend the 10-acre expansion to the existing Surface Mining Pit with the following stipulations:

1. Minimum buffer setback of natural vegetation of 100 feet from any Road Right of Way and property lines bordering undeveloped parcels.
2. Minimum buffer setback of natural vegetation of 200 feet from property lines abutting developed parcels to obscure the view of the operations area.
3. All entrances shall be gated and locked during non-business hours.
4. Haul road Intersection with the public right of way shall be covered with limestone or crushed concrete for a distance of 200 feet.

5. Pit Operator is responsible to keep the public right of way clean of material from the pit operation.

Adam Donchez-Special Exception Use and Site Plan-Public Hearing

The Commission considered the application of Adam Donchez requesting to operate an Auto Salvage Yard Business. The property is located at the corner of 7th Ave. and Hwy 90 with an address of 5430 7th Ave. Pearlinton, MS 39572. The parcel number for the property is 185 -0-20-005.000. the property falls in two different District Zones being C-2 Highway Commercial and A-1 General Agricultural.

Mr. Donchez was present at the meeting and explained that he would like to have an Auto Salvage Operation dismantling cars and selling parts.

Mrs. Cabrina Bell was present from the public and stated she was against the Auto Salvage Business.

After discussion on the matter it was unanimously adopted on the motion of Commissioner Farve to Table the application to allow for dimensions in regard to the entrance associated with the two zoning districts.

Baptist Missionary Association of Mississippi Missions Department- Larry D. Geraldson-Director of Missions and Revolving Loan Fund-Site Plan Review

The Commission considered the application of the Baptist Missionary Association of Mississippi Missions Department, Larry D. Geraldson-Director of Missions and Revolving loan Fund requesting a Site Plan approval to construct a new church to be known as Refuge Baptist Mission. The property is located on the south side of Rocky Hill Dedeaux Rd. 1/8 mile east of Hwy 603 with an address of 5755 Rocky Hill Dedeaux Rd. Kiln, MS 39556. The parcel number for the property is 059 -0-31-028.004. The property is currently zoned A-1 General Agricultural.

Mr. Jay Ladner the Assistant Pastor for Refuge Baptist Missions was present at the meeting and explained to the Commission that they would like to construct a Church on the property.

After discussion on the matter it was unanimously adopted on the motion of Commissioner R. Ladner to recommend approval of the Site Plan Review for the construction of the Church.

Anthony Scurria-Conditional Use

The Commission considered the application of Anthony Scurria requesting to have a power pole for a boathouse and bulkhead on property where there is no primary structure on the property. The property is located at 4155 riverside Dr. Pearlinton, MS 39572. The parcel number for the property is 189A-3-28-011.000. The property is currently zoned R-1 Single Family Residential.

Mr. Scurria was not present at the meeting.

After discussion on the matter it was unanimously adopted on the motion of Commissioner Farve to deny the Conditional Use request.

Thelma Landry-Mini Subdivision

The Commission considered the application of Thelma Landry requesting to separate 1.5 acres from a 38-acre parcel of property. The property is located at 5285 Azalea Circle Kiln, MS 39556. The parcel number for the property is 059 -0-32-020.000. The property is currently zoned A-1 General Agricultural.

Janet Palmer was present at the meeting and spoke on behalf of Thelma Landry with a notarized letter given her permission. Mrs. Palmer explained to the Commission that Mrs. Landry would like to separate 1.5 acres of property from her 38 acres of property in order to sell.

After discussion on the matter it was unanimously adopted on the motion of Commissioner Farve to recommend approval of the proposed subdivision as a mini subdivision based on the findings that said division meets the previously established criteria for a mini subdivision and that formal compliance with the requirements of the Subdivision Regulations is not necessary, but subject to the stipulations and on the condition that the applicant files an affidavit of subdivision in the public land records along with a certified survey showing new parcels with the legal descriptions.

ISKCON-John Berg-Site Plan Review

The Commission considered the application of ISKCON represented by John Berg requesting a Site Plan Review approval to build a new Temple. The property is located at 31490 Herbalist Dr. Carriere MS 39426. The parcel number for the property is 022 -0-09-001.000. The property is currently zoned A-1 General Agricultural.

Mr. Berg was present at the meeting and explained to the Commission that ISKCON would like to build a new Temple on there property. He explained that the new Temple will be going in close proximity to the location where the previous Temple was that burned years ago.

After discussion on the matter it was unanimously adopted on the motion of Commissioner R. Ladner to recommend the Site Plan Review to construct a new Temple.

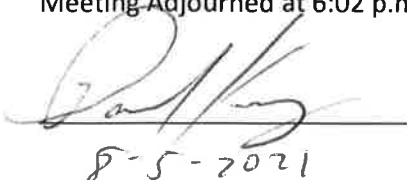
Pastor John Vaughn-Site Plan Revision Review

The Commission considered the application of Pastor John Vaughn requesting a Site Plan Revision Review on the installation of a Modular Building to be used as a Church. The property is located at 7540 Lakeshore Rd. Bay St. Louis, MS 39520. The parcel number for the property is 171 -0-12-003.000. The property is currently zoned A-1 General Agricultural.

Mr. Ricky Connally was present and explained to the Commission that they would like to revise the previous Site Plan and place the parking in the rear of the Building instead of in the front of the Building that was previously indicated.

After discussion on the matter it was unanimously adopted on the motion of Commissioner Farve to recommend the Revised Site Plan Review indicating the parking in the rear of the Building.

Meeting Adjourned at 6:02 p.m.



8-5-2021

Chairman

Attachment: 7-1-21 P&Z Minutes (9585 : July 1, 2021 P&Z Minutes)

MOLLERE MELISSA ETAL

Owner City, State ZIP: BAY ST LOUIS, MS 39520**Physical Address:** 7120 MAGNOLIA ST**Improvement Type:** RES**Year Built:** 1970**Base Area:** 1122**Adjusted Area:** 1266**Improvement Value:** 45239**Land Value:** 9000**Total Value:** 54239**Estimated Tax:** 313.84**Homestead Exemption:** Yes**Deed Book:** BB217**Deed Page:** 119**Legal Description 1:** PT. SE 1/4 OF NW 1/4,**Legal Description 2:** SEC. 8-9-14**Legal Description 3:****Legal Description 4:****Legal Description 5:****Legal Description 6:****Longitude:** -89.42099463**Latitude:** 30.27684127**Square Footage:** 22841.67738342285

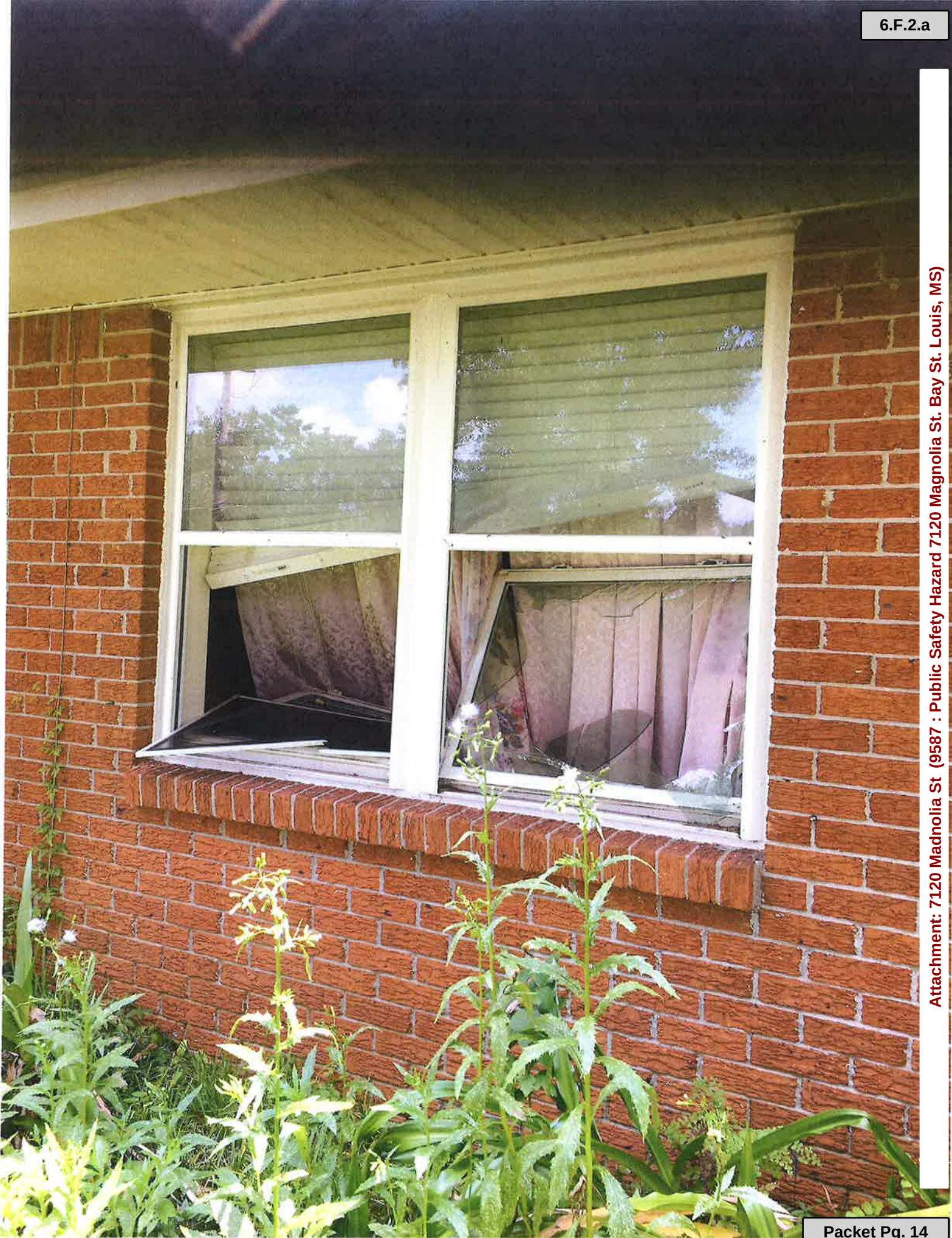
Sketches**Sketch Sketch Name** 163K-0-08-036_00001-Model.gif

Condos

7120 Magnolia St 8-4-21



Attachment: 7120 Magnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)



Attachment: 7120 Madnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)

7120 magnolia st 8-4-21



Attachment: 7120 Madnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)

7/20 magnolia St. SSL 8-4-21



Attachment: 7120 Madnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)

7120 magnolia st. BSL 8-4-21



Attachment: 7120 Madnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)

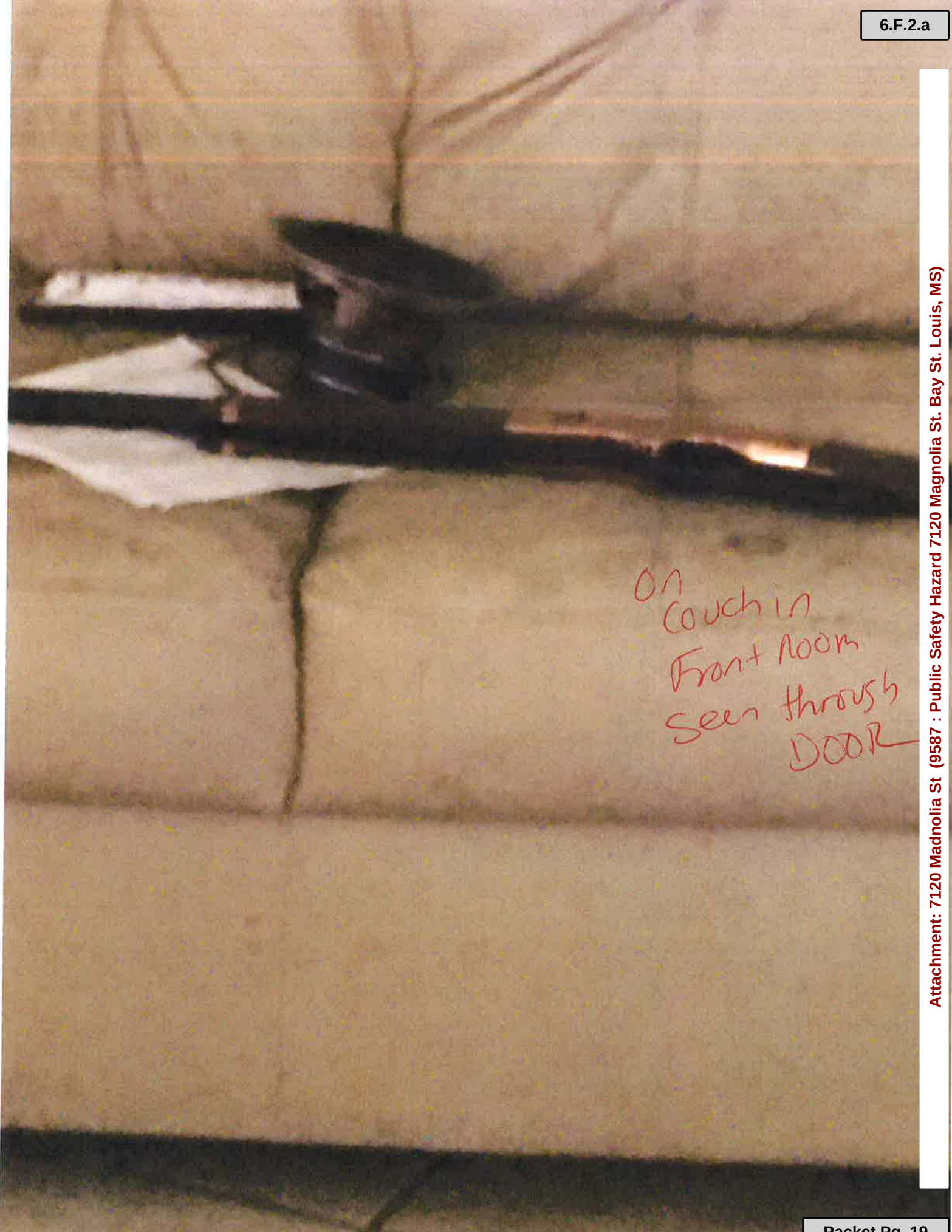
7120 magnolia st - BSL 8-4-21



IMPORTANT!

Attachment: 7120 Madnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)

7120 magnolia st bsl 8-24-21



On
Couch in
Front Room
Seen through
DOOR

Attachment: 7120 Madnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)

**Regular Meeting of the Hancock
County Planning Commission held on
July 15, 2021**

**Those Present: R. Ladner, Koenig, Farve and Kellar
County Attorney Gary Yarborough**

Minutes of Previous Meeting: No minutes to approve

Michael Hudson-Variance Request-Public Hearing

The Commission considered the application of Michael Hudson requesting a 15-foot variance to have a 10-foot side yard setback instead of the required 25 feet, on the east and west property lines for renovations of an existing R. V. Park. The property is located at 6130 Bayou LaCroix Rd. Bay St. Louis, MS 39520. The parcel number for the property is 134F-0-18-004.000 and 134L-0-19-002.000. The property is currently zoned A-1 General Agricultural.

Michael Hudson was present at the meeting and explained to the Commission that he would like to request a setback variance in order to accommodate the R.V. sites closer to the property lines. Mr. Hudson stated that there will be no permanent structures only the concrete pads for the parking of R.V.'s.

There was no public comment on the application.

After discussion on the matter it was unanimously adopted on the motion of Commissioner Koenig to recommend the variance request of 15-feet instead of the required 25 feet.

Louis Smith-Site Plan Review

The Commission considered the application of Louis Smith requesting a Site Plan Review for an Auto Towing Business. The property is located at 8039 Hwy 90 Bay St. Louis, MS 39520. The parcel number for the property is 127P-0-35-005.000. The property is currently zoned C-2 Highway Commercial.

Mr. Louis Smith was present at the meeting and explained to the Commission that he would like to establish an Auto Towing Business. Mr. Louis stated the vehicles would be placed in the rear of the property around 180 ft from the front of the property with 10 to 15 vehicles at a time. He also said the property is already fenced with a building to be used as an office.

After discussion on the matter it was unanimously adopted on the motion of Commissioner R. Ladner to recommend the Site Plan Review for an Auto Towing Business in the C-2 Zone.

Pablo Corona & Eugenia M. Corona-Mini Subdivision

The Commission considered the application of Pablo Corona & Eugenia M. Corona requesting to divide a 30-acre parcel of property into three separate parcels. The property is located on Rotten Bayou Rd. 940 ft. south of Kiln-Delisle Rd. Pass Christian, MS 39571. The parcel number for the property is 066 -0-24-013.000. The property is currently zoned A-1 General Agricultural.

Pablo Corona & Eugenia M. Corona were both present for the meeting and explained to the Commission that they would like to separate the 30-acre parcel of property into three separate parcels.

Attachment: 7-15-21 P&Z Minutes (9586 : July 15, 2021 P&Z Minutes)

After discussion on the matter it was unanimously adopted on the motion of Commissioner Kellar to recommend approval of the proposed subdivision as a mini subdivision based on the findings that said division meets the previously established criteria for a mini subdivision and that formal compliance with the requirements of the Subdivision Regulations is not necessary, but subject to the stipulations and on the condition that the applicant files an affidavit of subdivision in the public land records along with a certified survey showing new parcels with the legal descriptions.

Stevie & Frank Bello-Conditional Use

The Commission considered the application of Stevie & Frank Bello requesting a Conditional Use approval to use a home office for retail sale of firearms. The property is located at 6163 11th Ave. Pearlinton, MS 39572. The parcel number for the property is 185F-2-19-141.00. The property is currently zoned A-1 General Agricultural.

Stevie Bello was present at the meeting and explained to the Commission that she has applied for a Federal Firearms License to be able to sell firearms and that they require Zoning approval. She stated that she would have no signs on her property, just work at home receiving the guns and selling them at gun shows.

After discussion on the matter it was unanimously adopted on the motion of Commissioner R. Ladner to recommend approval of the Conditional Use to allow the use of a home office for retail sales of firearms.

Adam Donchez-(Continued from the July 1, 2021 Meeting) Special Exception Use & Site Plan Review-Public Hearing

The Commission considered the application of Adam Donchez requesting to operate an Auto Salvage Yard Business. The property is located at the corner of 7th Ave. and Hwy 90, with the address being 5430 7th Ave. Pearlinton, MS 39572. The parcel number for the property is 185 -0-20-005.000. The property falls in two different district zones being C-2 Highway Commercial and A-1 General Agricultural.

Mr. Donchez was present at the meeting and explained to the Commission that he would like to open an Auto Salvage Yard Business that would be inside an enclosed building completely fenced in with 3 acres of the property remaining wooded. Mr. Donchez also stated that he would have a sign as shown on the site plan.

Public Comment:

Dawn Brenegan was present and was not in support of the application and expressed the environmental damage a business like this could cause to the property as well as it being an eyesore to the community.

Kevin Hill was present at the meeting and stated that the site would be visible to the highway and would cause economical impact to the County and that something good should be considered to be located there.

Ivory Plustache was present at the meeting and presented the Commission with a petition from the Community of signatures against the application.

Joseph Keyes was present and was not in support of the application and stated the site would be an eyesore since Hwy 90 is a main entrance into our County and would promote crime and no be of any benefit to the County.

Cabrina Bell was present at the meeting and was not in support of the application and agreed with all that had been already said and also mentioned the Floodzone dangers associated with the location that may arise in the event of flood waters during a storm.

Maureen Fields the pastor for United Methodist Church in Pearlington was present and was not in support of the application and agreed with all that had been already stated.

Rosa Jackson Thomas was present for the meeting and was not in support of the application and stated that the site would be a hazard to traffic in the area.

Mr. Donchez returned back in front of the Commission and stated that the disassembly of the vehicles would take place inside of the building with all of the fluids recovered with evac machines. He also said the reason for placing the entrance on 7th Ave was due to traffic concerns on Hwy 90 and that he could not control the flood waters although he wished he could.

After discussion on the matter it was unanimously adopted on the motion of Commissioner R. Ladner to recommend the denial of the Special Exception Use and Site Plan Review for the Auto Salvage Yard Business.

Meeting Adjourned



Chairman
8-5-2021

Attachment: 7-15-21 P&Z Minutes (9586 : July 15, 2021 P&Z Minutes)

HANCOCK COUNTY BOARD OF SUPERVISORS
LOST OR STOLEN PROPERTY AFFIDAVITS
AUGUST 06, 2021

6.H.1.a

DEPARTMENT: EMERGENCY MANAGEMENT AGENCY				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20100722	6002	XTS 5000 PORTABLE RADIO	721CFT7323	\$ 4,142.00
20070021	4001	MOTOROLA RADIO	687TGN3027	\$ 2,000.00
20070032	4000	MOTOROLA RADIO	687TGN3057	\$ 2,000.00
20080432	3999	MOTOROLA RADIO	687THN0017	\$ 2,000.00
20080509	3993	MOTOROLA RADIO	276CFT0403	\$ 2,000.00
20080393	3451	MOTOROLA RADIO	687TGN2648	\$ 4,142.00
20080542	4040	MOBILE RADIO	500CFT0926	\$ 4,266.25
20170140	7782	DEFIBRILLATOR AED	485161557	\$ 1,399.00
20170138	7780	DEFIBRILLATOR AED	45161639	\$ 1,399.00
20080493	3976	CISCO SERIES COMPUTER	FTX0933A245	\$ 2,400.00
20080497	3980	NETGEAR SWITCH BOX	JS24149CB270288	\$ 193.00
20080492	3975	CATALYST	F0C0931V0P9	\$ 193.00
20050289	3997	LAPTOP	GJFNM81	\$ 995.00
20010087	3998	COMPUTER	D41030252700	\$ 708.80
20100457	4477	CPU'S	1S7522J4UMJ21993	\$ 397.55

DEPARTMENT: LEETOWN VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20170232	7600	MOTOROLA PAGER	1365TE1658	\$ 450.00

DEPARTMENT: KILN VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111589	5394	MOTOROLA PAGER	136WLW1476	\$ 476.00
20111562	5415	MOTOROLA PAGER	136WLW1467	\$ 476.00
20111570	5423	MOTOROLA PAGER	136WLW14786	\$ 476.00
20111571	5424	MOTOROLA PAGER	136WLW1475	\$ 476.00
20111560	5403	MOTOROLA PAGER	136WGE5767	\$ 476.00
20111593	5406	MOTOROLA PAGER	136WKE8153	\$ 476.00
20111592	5405	MOTOROLA PAGER	136WGE5637	\$ 476.00
20111559	5402	MOTOROLA PAGER	136WGE7957	\$ 476.00
20111569	5422	MOTOROLA PAGER	136WGE5611	\$ 476.00
20111568	5421	MOTOROLA PAGER	136WLW1470	\$ 476.00
20111599	5412	MOTOROLA PAGER	136WGE5610	\$ 476.00
20111597	5410	MOTOROLA PAGER	136WKE8155	\$ 476.00
20111595	5408	MOTOROLA PAGER	136WGE5619	\$ 476.00
20111565	5418	MOTOROLA PAGER	136WKE8151	\$ 476.00

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

HANCOCK COUNTY BOARD OF SUPERVISORS
LOST OR STOLEN PROPERTY AFFIDAVITS
AUGUST 06, 2021

6.H.1.a

DEPARTMENT: FENTON VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20170057	7452	MOTOROLA PAGER	1365SC0271	\$ 450.00
20170058	7453	MOTOROLA PAGER	1365SC0244	\$ 450.00
20170059	7454	MOTOROLA PAGER	1365SC0266	\$ 450.00
20170060	7455	MOTOROLA PAGER	1365SE1486	\$ 450.00
20170061	7456	MOTOROLA PAGER	1365SE1495	\$ 450.00
20170064	7459	MOTOROLA PAGER	1365SE1487	\$ 450.00
20100976	5381	MOTOROLA PAGER	136WLQ3025	\$ 490.00
20100977	5382	MOTOROLA PAGER	136WLQ3026	\$ 490.00
20100978	5383	MOTOROLA PAGER	136WLQ3027	\$ 490.00
20100979	5384	MOTOROLA PAGER	136WGE7872	\$ 490.00
20100678	5375	MOTOROLA PAGER	136WLQ3005	\$ 490.00
20100677	5376	MOTOROLA PAGER	136WLQ3017	\$ 490.00
20100676	5377	MOTOROLA PAGER	136WLQ3020	\$ 490.00
20100973	5378	MOTOROLA PAGER	136WLQ3021	\$ 490.00
20100794	5379	MOTOROLA PAGER	136WLQ3022	\$ 490.00
20180624	8506	PULSE OXIMETER	4315	\$ 398.67
20100975	5380	MOTOROLA PAGER	136WLQ3023	\$ 490.00

DEPARTMENT: CLERMONT HARBOR VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111519	3190	MOTOROLA PAGER	136WJA9222	\$ 490.00
20111520	3192	MOTOROLA PAGER	136WJA9226	\$ 490.00
20111522	3193	MOTOROLA PAGER	136WJA9232	\$ 490.00
20111521	3195	MOTOROLA PAGER	136WJA9234	\$ 490.00
20100988	5495	MOTOROLA PAGER	136WGE5779	\$ 490.00
20100989	5496	MOTOROLA PAGER	136WJW1808	\$ 490.00
20100986	5498	MOTOROLA PAGER	136WJW1789	\$ 490.00
20170170	7551	PORTABLE RADIO	655CTD0425	\$ 5,217.00
20170235	7795	CHAIN SAW	182615950	\$ 439.96

DEPARTMENT: WEST HANCOCK VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111505	5500	MOBILE VHF RADIO	A9300428	\$ 561.00
20100725	6172	MOBILE VHF RADIO	B0100386	\$ 631.00
20100726	6173	MOBILE VHF RADIO	B2400461	\$ 703.67
20150088	6929	PORTABLE RADIO	B4200212	\$ 627.00
20110984	5014	MOTOROLA PAGER	136WMQ4538	\$ 455.00
20110986	5015	MOTOROLA PAGER	136WMQ4523	\$ 455.00
20111514	5433	MOTOROLA PAGER	136WJQ4139	\$ 452.00
20100992	5503	MOTOROLA PAGER	136WJQ4137	\$ 452.00
20150084	6925	MOTOROLA PAGER	1368QM0518	\$ 475.00
20150085	6926	MOTOROLA PAGER	1368QM0519	\$ 475.00
20100990	5440	MOTOROLA PAGER	136WGE7861	\$ 791.00
20150237	7103	MOTOROLA PAGER	18510526	\$ 399.00
20100995	5702	LIGHT BAR	OK043-001	\$ 1,243.95

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: EOCDate: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Portable Radio	20100722 20070021		2000 2000 2000	
	20070032 20080432		2000 2000 2000	
	20080509 20080393			

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 6002, 4001, 4000, 3999, 3993, 3451

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3451 DECAL NUMBER: 20080393

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: PORTABLE RADIO

VENDOR: motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 687TGN2648 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

DISPOSAL

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: EOCDate: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Mobile Radio	20080542		4266	

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 4040

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President

Date

Inventory Control Clerk

Date

Employee Responsible for Property

Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 4040 DECAL NUMBER: 20080542

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: RADIO MOBILE

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 500CFT0926 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B T Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: EOC Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
AED	20170140		1399 1399	2798
	20170138			

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7782, 7780

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President

Date

Inventory Control Clerk

Date

Employee Responsible for Property

Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7782 DECAL NUMBER: 20170140

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: DEFIBRILLATOR AED

VENDOR: Stop Heart Attack MANUFACTURER: medtronic
 (Purchased from)

SERIAL/VIN NO.: 485161557 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7780 DECAL NUMBER: 20170138

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: DEFIBRILLATOR AED

VENDOR: Stop Heart Attack MANUFACTURER: medtronic
 (Purchased from)

SERIAL/VIN NO.: 45161639 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1**LOST OR STOLEN PROPERTY AFFIDAVIT**HancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: EOCDate: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
computer	20080493 20080497		2400 193 1000	
	20080492			

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 3976,3980,3975

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3976 DECAL NUMBER: 20080493

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: CISCO SERIES

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: FTXO933A245 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3980 DECAL NUMBER: 20080497

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: NET GEAR SWITCH BOX

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: JS2414PCB270288 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3975 DECAL NUMBER: 20080492

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: CATALYST

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: F030931VOP9 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: EOC Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
computer	20050289 20010087 20100457		995 708 708	

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 3997,3998,4477

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3997 DECAL NUMBER: 20050289

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: LAPTOP

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: GJFNM81 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3998 DECAL NUMBER: 20010087

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: COMPUTER

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: D41030252700 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____

DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 4477 DECAL NUMBER: 20100457

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: CPU'S TO REPLACE DUMB TERMINALS

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: 1S7522J4UMJ21993 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____

DATE

LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1**LOST OR STOLEN PROPERTY AFFIDAVIT**Hancock**COUNTY**18333 Hwy 603 Kiln, Ms 39556**ADDRESS****ADDRESS**Location of Property: Leetown Fire DepartmentDate: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pager	20170232		450	450

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7600

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7600 DECAL NUMBER: 2017232

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136STE1658 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 Leetown FD
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Kiln Fire Department

Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pager	20111589 20111562 20111570 20111571 20111560 20111593 20111592 20111559		475 475 475 475 476 476 476 479	3807

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5394,5415,5423,5424,5403,5406,5405,5402

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President

Date

Inventory Control Clerk

Date

Employee Responsible for Property

Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

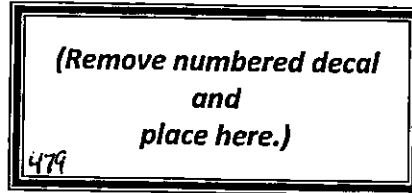
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5394 DECAL NUMBER: 20111589



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WKE8166 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

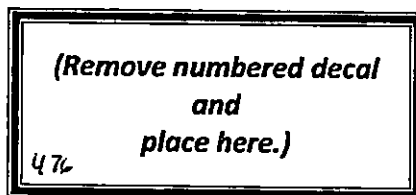
Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5415 DECAL NUMBER: 20111562



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WLW1467 MODEL NO: _____

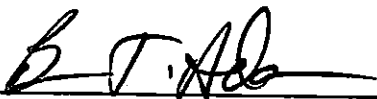
DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

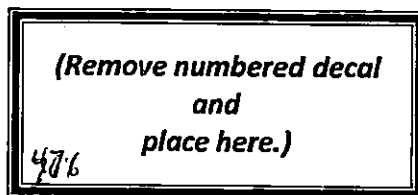
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5423 DECAL NUMBER: 20111570



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WLW1486 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
 NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

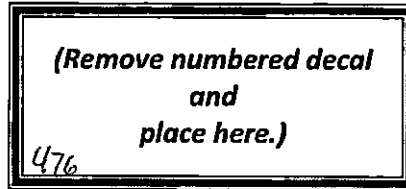
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans EMA DATE: 10-22-19
 (Name & Department) (Date Submitted)

ASSET NO.: 5423 DECAL NUMBER: 20111571



DESCRIPTION OF ITEM: Pager Min V

VENDOR: Team One Com MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 1366WLW1486 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL: _____

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: _____ Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS: _____

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

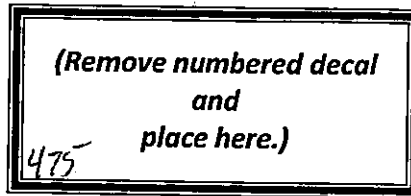
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5403 DECAL NUMBER: 20111560



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5767 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

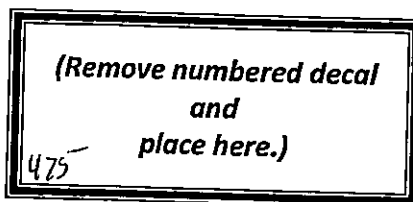
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5406 DECAL NUMBER: 20111593



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WKW8153 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

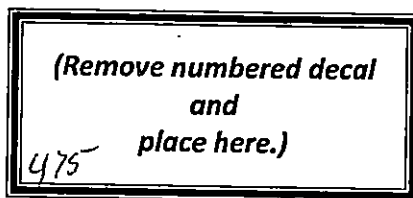
Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5405 DECAL NUMBER: 20111592



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5637 MODEL NO: _____

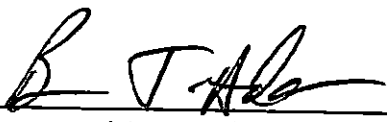
DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

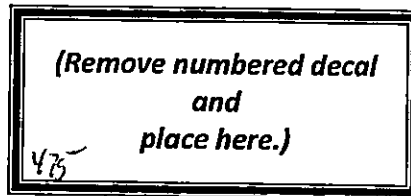
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5402 DECAL NUMBER: 20111559



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGWE7957 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: Kiln Fire DepartmentDate: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pager	20111569 20111568		476 476 476	6663
	20111599 20111597			
	20111595 20111585		476 476 476	

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5422,5421,5412,5410,5408,5418

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

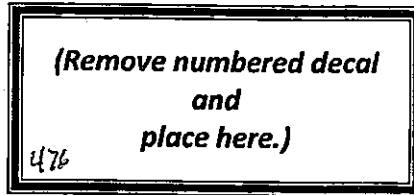
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5422 DECAL NUMBER: 20111569



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5611 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5421 DECAL NUMBER: 20111568

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WLW1470 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B T Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

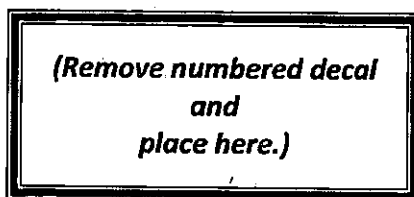
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5412 DECAL NUMBER: 20111599



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 135WGE5610 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B T Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

 *Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

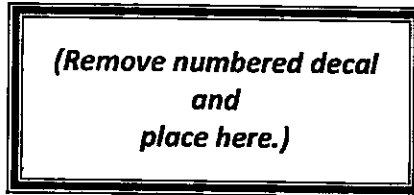
*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY*(1 Item per form)*

FROM: John Albert Evans - EMA DATE: 10-22-2019
(Name & Department) *(Date Submitted)*

ASSET NO.: 5410 DECAL NUMBER: 20111597



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
(Purchased from)

SERIAL/VIN NO.: 136WKE8155 MODEL NO: _____

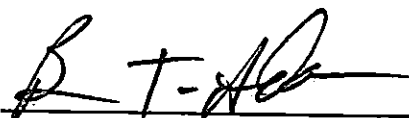
DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
(Signature) *(Please print name)*

NOTES/COMMENTS:

**Maintain a copy of this form for your records.*

**Bring signed original to Inventory Clerk with the item being removed from inventory.*

**If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.*

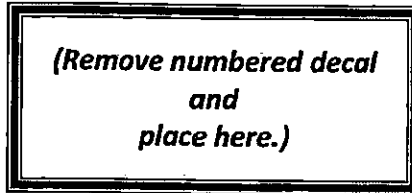
**DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.*

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5408 DECAL NUMBER: 20111595



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5619 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

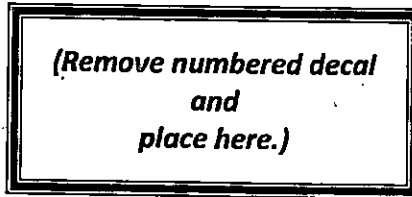
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5418 DECAL NUMBER: 2011565



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WKE8151 MODEL NO: _____

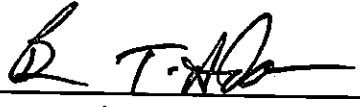
DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Fenton Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pagers	20170057 20170058		450.00 450.00 450.00	2700.00
143-174 mhz five channel	20170059 20170060		450.00 450.00	
	20170061 20170064		450.00	

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Assets 7452, 7453, 7454, 7455, 7456, 7459

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President _____ Date _____

Inventory Control Clerk _____ Date _____

Employee Responsible for Property _____ Date _____

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

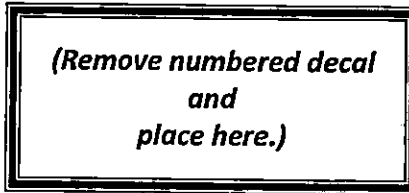
Notary Public _____

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7452 DECAL NUMBER: 20170057



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SC0271 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B.T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

- *Maintain a copy of this form for your records.
- *Bring signed original to Inventory Clerk.
- *If the asset is too large to bring to the Inventory Clerk.
- *DO NOT DISPOSE OF ANY ASSET without approval of the Board of Supervisors and the Inventory Clerk.

Feister

Modified November, 2018

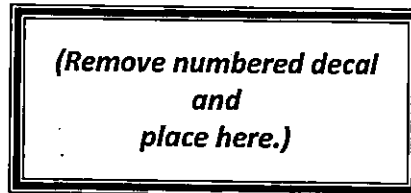
Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7453 DECAL NUMBER: 20170058



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SC0244 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

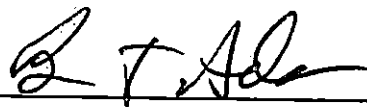
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

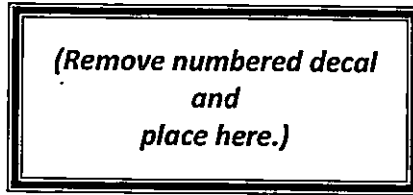
Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7454 DECAL NUMBER: 20170059



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SC0266 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item.

*If the asset is too large to bring to the Annex, contact _____

*DO NOT DISPOSE OF ANY ASSET without approval from _____

Inventory.

Clerk for disposal instructions.

and of Supervisors and the Inventory Clerk.

Modified November, 2018

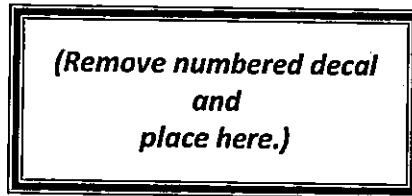
Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7455 DECAL NUMBER: 20170060



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SE1486 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____

DEPARTMENT HEAD: _____

B.T. Alb
 (Signature)

Penton

LOCATION _____

NOTES/COMMENTS:

 *Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7456 DECAL NUMBER: 20170061

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SE1495 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adams Center
 (Signature)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

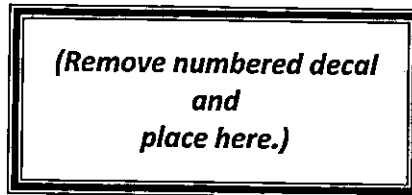
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7459 DECAL NUMBER: 20170064



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SE1487 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____ LOCATION _____

DEPARTMENT HEAD: B. T. Adels Perton am
 (Signature) (Name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Fenton Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pagers	20100976 20100977 20100978		490.00 490.00 490.00	4410.00
143-174 mhz five channel	20100979 20100678 20100677		490.00 490.00 490.00	
	20100676 20100973 20100794		490.00 490.00 490.00	

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Assets 5381,5382,5383,5384,5375,5376,5377,5378,5379

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President _____ Date _____

Inventory Control Clerk _____ Date _____

Employee Responsible for Property _____ Date _____

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

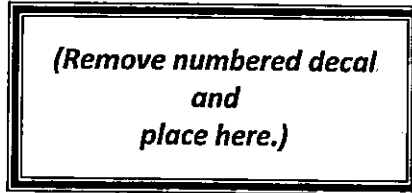
Notary Public _____

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5381 DECAL NUMBER: 20100976



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3025 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

 *Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Super

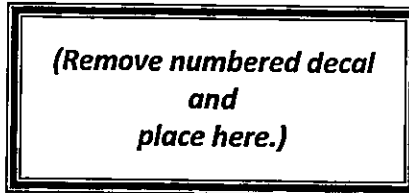
490.00
 Factor

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5382 DECAL NUMBER: 20100977



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3026 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

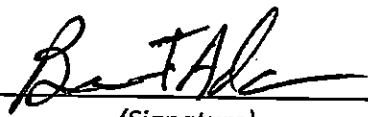
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5383 DECAL NUMBER: 20100978

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3027 MODEL NO.: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

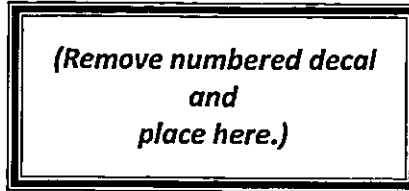
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5384 DECAL NUMBER: 20100979



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGE7872 MODEL NO.: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

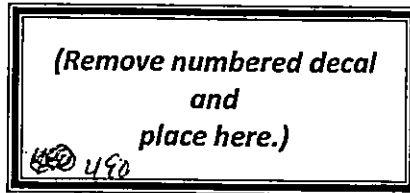
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5375 DECAL NUMBER: 20100678



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3005 MODEL NO.: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

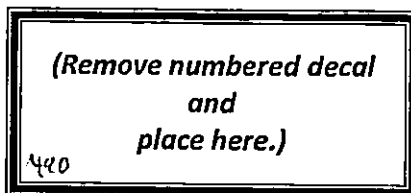
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5376 DECAL NUMBER: 20100677



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3017 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

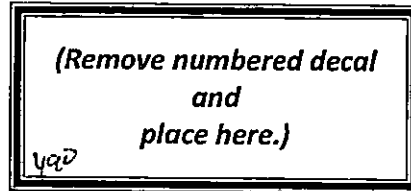
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5377 DECAL NUMBER: 20100676



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3020 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

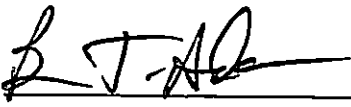
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

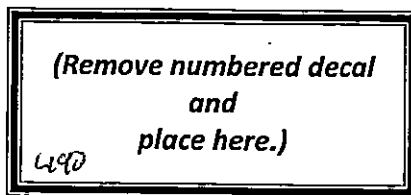
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5378 DECAL NUMBER: 20100973



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3021 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

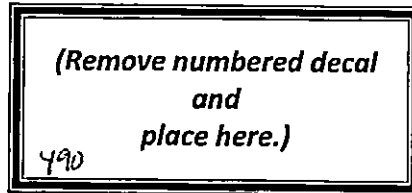
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5379 DECAL NUMBER: 20100794



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3022 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Fenton Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Pulse OX Meter	20180624		398.67	398.67

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: ~~8806~~ 8506

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President _____ Date _____

Inventory Control Clerk _____ Date _____

Employee Responsible for Property _____ Date _____

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

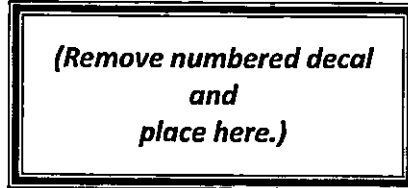
Notary Public _____

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans EMA DATE: 10-22-19
 (Name & Department) (Date Submitted)

ASSET NO.: 8806 DECAL NUMBER: 20180624



DESCRIPTION OF ITEM: Pulse Ox Meter

VENDOR: Henry Schine MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: _____ MODEL NO: 4315

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Any Asset which is to be removed until Board approval is obtained

Fenton

held in a designated Disposal/Surplus area taken.

Date Asset was moved to:

DATE LOCATION

DEPARTMENT HEAD: _____ Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

 *Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Fenton Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pagers 143-174 mhz five channel	20100975		490.00	490.00

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5380

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President Date

Inventory Control Clerk Date

Employee Responsible for Property Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

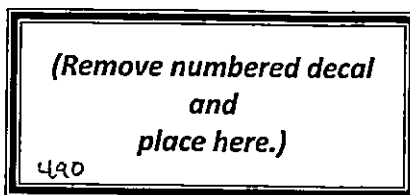
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5380 DECAL NUMBER: 20100975



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3023 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: _____ Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Clermont Harbor Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pager	20111519 20111520 20111522 20111521 20100988 20100989 20100986		490 490 490 490 490 490 490	3430

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 3190,3192,3193,3195,5495,5496,5498

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President _____ Date _____

Inventory Control Clerk _____ Date _____

Employee Responsible for Property _____ Date _____

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

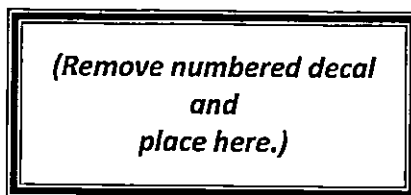
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3190 DECAL NUMBER: 20111519



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJA9222 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3192 DECAL NUMBER: 20111520

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJA9226 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

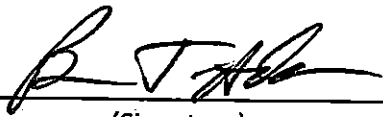
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

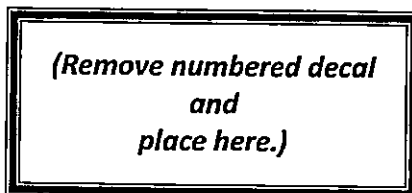
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3193 DECAL NUMBER: 20111522



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJA9232 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

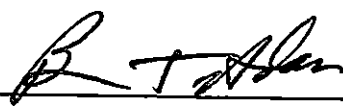
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

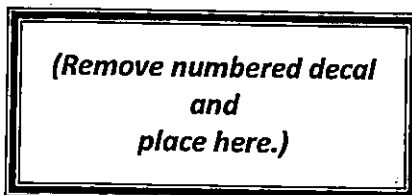
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3195 DECAL NUMBER: 20111521



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJA9234 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5495 DECAL NUMBER: 20100988

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5779 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

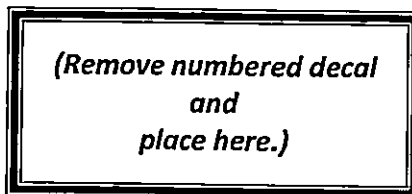
Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5496 DECAL NUMBER: 20100989



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJW1808 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

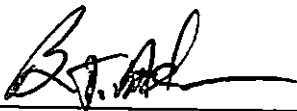
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

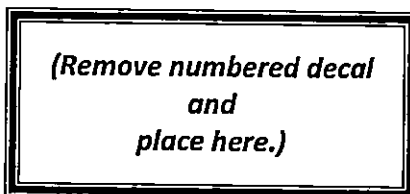
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5498 DECAL NUMBER: 20100986



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJW1789 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

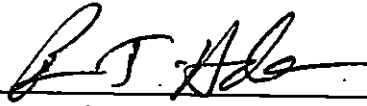
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1**LOST OR STOLEN PROPERTY AFFIDAVIT**Hancock**COUNTY**18333 Hwy 603 Kiln, Ms 39556**ADDRESS****ADDRESS**Location of Property: Clermont Harbor Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Portable Radio	20170170		5217.00	5217.00

Item was not found due to being lost or not returned by a Fire Fighter that left the Department

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7551**WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.**Board President DateInventory Control Clerk DateEmployee Responsible for Property Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7551 DECAL NUMBER: 20170170

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: APX 7000 Radio

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 655CTD0425 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Lost and not returned by fire fighter that left the department

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 Clermont Harbor
 DATE LOCATION

DEPARTMENT HEAD: [Signature] Boyd T. Adams
 (Signature) (Please print name)

NOTES/COMMENTS:

 *Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Clermont Harbor Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Saw	20170235		439.96	439.96

Item was not found due to being lost or misplaced

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7795

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President Date

Inventory Control Clerk Date

Employee Responsible for Property Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7795 DECAL NUMBER: 20170235

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Chain Saw

VENDOR: Dauids Chainsaw MANUFACTURER: Stihl
 (Purchased from)

SERIAL/VIN NO.: _____ MODEL NO.: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Lost or misplaced and cannot find at this time

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 Clermont Harbor
 DATE LOCATION

DEPARTMENT HEAD: B. J. Wade Brian T. Adams
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: West Hancock Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Mobile Radio	20111505 20100725 20100726		561 631 631	1823

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5500, 6172, 6173

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5500 DECAL NUMBER: 20111505

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Mobile Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: A9300428 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6172 DECAL NUMBER: 20100725

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Mobile Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: B0100386 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6173 DECAL NUMBER: 20100726

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Mobile Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: B2400461 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: West Hancock Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Portable Radio	20150088		627	627

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 6929

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board President

Date

Inventory Control Clerk

Date

Employee Responsible for Property

Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6929 DECAL NUMBER: 20150088

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Portable Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: B4200212 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancock**COUNTY**18333 Hwy 603 Kiln, Ms 39556**ADDRESS****ADDRESS**Location of Property: West Hancock Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pager	20110984*20110986 20111514 20111515 20100990 20100992* 20150084 20150085		455 455 452 452	4,346
			791 791 475 475	

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5014, 5015, 5433, 5434, 5503, 6925, 6926, 5440

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5014 DECAL NUMBER: 20110984

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V Pager

VENDOR: Team 1 MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WMQ4538 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

not found

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5015 DECAL NUMBER: 20110986

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V Pager

VENDOR: Team 1 MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WMQ4523 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

not found

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

 *Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5503 DECAL NUMBER: 220100992

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 70700509 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5433 DECAL NUMBER: 20111154

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WJQ4139 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5434 DECAL NUMBER: 201111515

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WGE5768 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5440 DECAL NUMBER: 20100990

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WGE7861 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6925 DECAL NUMBER: 20150084

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 1368QM0518 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6926 DECAL NUMBER: 20150085

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 1368QM0519 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: West Hancock Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Pager	20150237		399	399

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7103

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7103 DECAL NUMBER: 20150237

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: 18510526 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: West Hancock Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Light Bar	20100995		1243	1243

Item was traded with fire truck

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5702

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Board PresidentDateInventory Control ClerkDateEmployee Responsible for PropertyDate

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5702 DECAL NUMBER: 20100995

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: LIGHT BAR

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: OK043-001 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

WENT WITH PUMPER TRADE

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

HANCOCK COUNTY BOARD OF SUPERVISORS
LOST OR STOLEN PROPERTY AFFIDAVITS
AUGUST 06, 2021

6.H.1.b

DEPARTMENT: EMERGENCY MANAGEMENT AGENCY				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20100722	6002	XTS 5000 PORTABLE RADIO	721CFT7323	\$ 4,142.00
20070021	4001	MOTOROLA RADIO	687TGN3027	\$ 2,000.00
20070032	4000	MOTOROLA RADIO	687TGN3057	\$ 2,000.00
20080432	3999	MOTOROLA RADIO	687THN0017	\$ 2,000.00
20080509	3993	MOTOROLA RADIO	276CFT0403	\$ 2,000.00
20080393	3451	MOTOROLA RADIO	687TGN2648	\$ 4,142.00
20080542	4040	MOBILE RADIO	500CFT0926	\$ 4,266.25
20170140	7782	DEFIBRILLATOR AED	485161557	\$ 1,399.00
20170138	7780	DEFIBRILLATOR AED	45161639	\$ 1,399.00
20080493	3976	CISCO SERIES COMPUTER	FTX0933A245	\$ 2,400.00
20080497	3980	NETGEAR SWITCH BOX	JS24149CB270288	\$ 193.00
20080492	3975	CATALYST	F0C0931V0P9	\$ 193.00
20050289	3997	LAPTOP	GJFNM81	\$ 995.00
20010087	3998	COMPUTER	D41030252700	\$ 708.80
20100457	4477	CPU'S	1S7522J4UMJ21993	\$ 397.55

DEPARTMENT: LEETOWN VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20170232	7600	MOTOROLA PAGER	1365TE1658	\$ 450.00

DEPARTMENT: KILN VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111589	5394	MOTOROLA PAGER	136WLW1476	\$ 476.00
20111562	5415	MOTOROLA PAGER	136WLW1467	\$ 476.00
20111570	5423	MOTOROLA PAGER	136WLW14786	\$ 476.00
20111571	5424	MOTOROLA PAGER	136WLW1475	\$ 476.00
20111560	5403	MOTOROLA PAGER	136WGE5767	\$ 476.00
20111593	5406	MOTOROLA PAGER	136WKE8153	\$ 476.00
20111592	5405	MOTOROLA PAGER	136WGE5637	\$ 476.00
20111559	5402	MOTOROLA PAGER	136WGE7957	\$ 476.00
20111569	5422	MOTOROLA PAGER	136WGE5611	\$ 476.00
20111568	5421	MOTOROLA PAGER	136WLW1470	\$ 476.00
20111599	5412	MOTOROLA PAGER	136WGE5610	\$ 476.00
20111597	5410	MOTOROLA PAGER	136WKE8155	\$ 476.00
20111595	5408	MOTOROLA PAGER	136WGE5619	\$ 476.00
20111565	5418	MOTOROLA PAGER	136WKE8151	\$ 476.00

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

**HANCOCK COUNTY BOARD OF SUPERVISORS
LOST OR STOLEN PROPERTY AFFIDAVITS
AUGUST 06, 2021**

6.H.1.b

DEPARTMENT: FENTON VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20170057	7452	MOTOROLA PAGER	1365SC0271	\$ 450.00
20170058	7453	MOTOROLA PAGER	1365SC0244	\$ 450.00
20170059	7454	MOTOROLA PAGER	1365SC0266	\$ 450.00
20170060	7455	MOTOROLA PAGER	1365SE1486	\$ 450.00
20170061	7456	MOTOROLA PAGER	1365SE1495	\$ 450.00
20170064	7459	MOTOROLA PAGER	1365SE1487	\$ 450.00
20100976	5381	MOTOROLA PAGER	136WLQ3025	\$ 490.00
20100977	5382	MOTOROLA PAGER	136WLQ3026	\$ 490.00
20100978	5383	MOTOROLA PAGER	136WLQ3027	\$ 490.00
20100979	5384	MOTOROLA PAGER	136WGE7872	\$ 490.00
20100678	5375	MOTOROLA PAGER	136WLQ3005	\$ 490.00
20100677	5376	MOTOROLA PAGER	136WLQ3017	\$ 490.00
20100676	5377	MOTOROLA PAGER	136WLQ3020	\$ 490.00
20100973	5378	MOTOROLA PAGER	136WLQ3021	\$ 490.00
20100794	5379	MOTOROLA PAGER	136WLQ3022	\$ 490.00
20180624	8506	PULSE OXIMETER	4315	\$ 398.67
20100975	5380	MOTOROLA PAGER	136WLQ3023	\$ 490.00

DEPARTMENT: CLERMONT HARBOR VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111519	3190	MOTOROLA PAGER	136WJA9222	\$ 490.00
20111520	3192	MOTOROLA PAGER	136WJA9226	\$ 490.00
20111522	3193	MOTOROLA PAGER	136WJA9232	\$ 490.00
20111521	3195	MOTOROLA PAGER	136WJA9234	\$ 490.00
20100988	5495	MOTOROLA PAGER	136WGE5779	\$ 490.00
20100989	5496	MOTOROLA PAGER	136WJW1808	\$ 490.00
20100986	5498	MOTOROLA PAGER	136WJW1789	\$ 490.00
20170170	7551	PORTABLE RADIO	655CTD0425	\$ 5,217.00
20170235	7795	CHAIN SAW	182615950	\$ 439.96

DEPARTMENT: WEST HANCOCK VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111505	5500	MOBILE VHF RADIO	A9300428	\$ 561.00
20100725	6172	MOBILE VHF RADIO	B0100386	\$ 631.00
20100726	6173	MOBILE VHF RADIO	B2400461	\$ 703.67
20150088	6929	PORTABLE RADIO	B4200212	\$ 627.00
20110984	5014	MOTOROLA PAGER	136WMQ4538	\$ 455.00
20110986	5015	MOTOROLA PAGER	136WMQ4523	\$ 455.00
20111514	5433	MOTOROLA PAGER	136WJQ4139	\$ 452.00
20100992	5503	MOTOROLA PAGER	136WJQ4137	\$ 452.00
20150084	6925	MOTOROLA PAGER	1368QM0518	\$ 475.00
20150085	6926	MOTOROLA PAGER	1368QM0519	\$ 475.00
20100990	5440	MOTOROLA PAGER	136WGE7861	\$ 791.00
20150237	7103	MOTOROLA PAGER	18510526	\$ 399.00
20100995	5702	LIGHT BAR	OK043-001	\$ 1,243.95

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

HANCOCK COUNTY BOARD OF SUPERVISORS
LOST OR STOLEN PROPERTY AFFIDAVITS
AUGUST 19, 2021

6.H.1.b

DEPARTMENT: EMERGENCY MANAGEMENT AGENCY				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20100722	6002	XTS 5000 PORTABLE RADIO	721CFT7323	\$ 4,142.00
20070021	4001	MOTOROLA RADIO	687TGN3027	\$ 2,000.00
20070032	4000	MOTOROLA RADIO	687TGN3057	\$ 2,000.00
20080432	3999	MOTOROLA RADIO	687THN0017	\$ 2,000.00
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20080542	4040	MOBILE RADIO	500CFT0926	\$ 4,266.25
20170140	7782	DEFIBRILLATOR AED	485161557	\$ 1,399.00
20170138	7780	DEFIBRILLATOR AED	45161639	\$ 1,399.00
20080493	3976	CISCO SERIES COMPUTER	FTX0933A245	\$ 2,400.00
20080497	3980	NETGEAR SWITCH BOX	JS24149CB270288	\$ 193.00
20080492	3975	CATALYST	F0C0931V0P9	\$ 193.00
20050289	3997	LAPTOP	GJFNM81	\$ 995.00
20010087	3998	COMPUTER	D41030252700	\$ 708.80
20100457	4477	CPU'S	1S7522J4UMJ21993	\$ 397.55

DEPARTMENT: LEETOWN VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20170232	7600	MOTOROLA PAGER	1365TE1658	\$ 450.00

DEPARTMENT: KILN VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111589	5394	MOTOROLA PAGER	136WLW1476	\$ 476.00
20111562	5415	MOTOROLA PAGER	136WLW1467	\$ 476.00
20111570	5423	MOTOROLA PAGER	136WLW14786	\$ 476.00
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20111593	5406	MOTOROLA PAGER	136WKE8153	\$ 476.00
20111592	5405	MOTOROLA PAGER	136WGE5637	\$ 476.00
20111559	5402	MOTOROLA PAGER	136WGE7957	\$ 476.00
20111569	5422	MOTOROLA PAGER	136WGE5611	\$ 476.00
20111568	5421	MOTOROLA PAGER	136WLW1470	\$ 476.00
20111599	5412	MOTOROLA PAGER	136WGE5610	\$ 476.00
20111597	5410	MOTOROLA PAGER	136WKE8155	\$ 476.00
20111595	5408	MOTOROLA PAGER	136WGE5619	\$ 476.00
20111565	5418	MOTOROLA PAGER	136WKE8151	\$ 476.00

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

HANCOCK COUNTY BOARD OF SUPERVISORS

6.H.1.b

LOST OR STOLEN PROPERTY AFFIDAVITS

AUGUST 19, 2021

DEPARTMENT: FENTON VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20170057	7452	MOTOROLA PAGER	1365SC0271	\$ 450.00
20170058	7453	MOTOROLA PAGER	1365SC0244	\$ 450.00
20170059	7454	MOTOROLA PAGER	1365SC0266	\$ 450.00
20170060	7455	MOTOROLA PAGER	1365SE1486	\$ 450.00
20170061	7456	MOTOROLA PAGER	1365SE1495	\$ 450.00
20170064	7459	MOTOROLA PAGER	1365SE1487	\$ 450.00
20100976	5381	MOTOROLA PAGER	136WLQ3025	\$ 490.00
20100977	5382	MOTOROLA PAGER	136WLQ3026	\$ 490.00
20100978	5383	MOTOROLA PAGER	136WLQ3027	\$ 490.00
20100979	5384	MOTOROLA PAGER	136WGE7872	\$ 490.00
20100678	5375	MOTOROLA PAGER	136WLQ3005	\$ 490.00
20100677	5376	MOTOROLA PAGER	136WLQ3017	\$ 490.00
20100676	5377	MOTOROLA PAGER	136WLQ3020	\$ 490.00
20100973	5378	MOTOROLA PAGER	136WLQ3021	\$ 490.00
20100794	5379	MOTOROLA PAGER	136WLQ3022	\$ 490.00
20180624	8506	PULSE OXIMETER	4315	\$ 398.67
20100975	5380	MOTOROLA PAGER	136WLQ3023	\$ 490.00

DEPARTMENT: CLERMONT HARBOR VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111519	3190	MOTOROLA PAGER	136WJA9222	\$ 490.00
20111520	3192	MOTOROLA PAGER	136WJA9226	\$ 490.00
20111522	3193	MOTOROLA PAGER	136WJA9232	\$ 490.00
20111521	3195	MOTOROLA PAGER	136WJA9234	\$ 490.00
20100988	5495	MOTOROLA PAGER	136WGE5779	\$ 490.00
20100989	5496	MOTOROLA PAGER	136WJW1808	\$ 490.00
20100986	5498	MOTOROLA PAGER	136WJW1789	\$ 490.00
20170170	7551	PORTABLE RADIO	655CTD0425	\$ 5,217.00
20170235	7795	CHAIN SAW	182615950	\$ 439.96

DEPARTMENT: WEST HANCOCK VFD				
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.	VALUE
20111505	5500	MOBILE VHF RADIO	A9300428	\$ 561.00
20100725	6172	MOBILE VHF RADIO	B0100386	\$ 631.00
20100726	6173	MOBILE VHF RADIO	B2400461	\$ 703.67
20150088	6929	PORTABLE RADIO	B4200212	\$ 627.00
20110984	5014	MOTOROLA PAGER	136WMQ4538	\$ 455.00
20110986	5015	MOTOROLA PAGER	136WMQ4523	\$ 455.00
20111514	5433	MOTOROLA PAGER	136WJQ4139	\$ 452.00
20100992	5503	MOTOROLA PAGER	136WJQ4137	\$ 452.00
20150084	6925	MOTOROLA PAGER	1368QM0518	\$ 475.00
20150085	6926	MOTOROLA PAGER	1368QM0519	\$ 475.00
20100990	5440	MOTOROLA PAGER	136WGE7861	\$ 791.00
20150237	7103	MOTOROLA PAGER	18510526	\$ 399.00
20100995	5702	LIGHT BAR	OK043-001	\$ 1,243.95

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: EOCDate: 10/14/2020

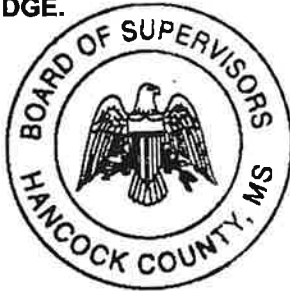
Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Portable Radio	20100722 20070021		2000 2000 2000	
	20070032 20080432		2000 2000 2000	
	20080509 20080393			

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 6002, 4001, 4000, 3999, 3993, 3451

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scotty Ad</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shivers</u>	<u>8-9-21</u>
Inventory Control Clerk	Date
<u>Brian T. Ad</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this the 9th day of August, 2021.



Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 6002 DECAL NUMBER: 20100722

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: XTS

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 721CFT7323 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 4001 DECAL NUMBER: 20070021

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MOTOROLA

VENDOR: motorola MANUFACTURER: motorola
 (Purchased from)

SERIAL/VIN NO.: 687TGN3027 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B.T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 4000 DECAL NUMBER: 20070032

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MOTOROLA

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 687TGN3057 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3999 DECAL NUMBER: 20080432

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MOTOROLA

VENDOR: motorola MANUFACTURER: motorola
 (Purchased from)

SERIAL/VIN NO.: 687THN0017 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B.T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

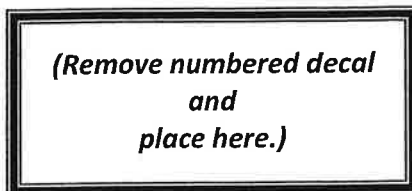
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3993 DECAL NUMBER: 20080509



DESCRIPTION OF ITEM: MOTROLA ASTRO

VENDOR: motorola MANUFACTURER: motorola
 (Purchased from)

SERIAL/VIN NO.: 276CFT0403 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3451 DECAL NUMBER: 20080393

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: PORTABLE RADIO

VENDOR: motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 687TGN2648 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

DISPOSAL BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B.T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: EOCDate: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Mobile Radio	20080542		4266	

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 4040

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scott Ad</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shipe</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Ad</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 4040 DECAL NUMBER: 20080542

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: RADIO MOBILE

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 500CFT0926 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B T Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: EOC Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
AED	20170140		1399 1399	2798
	20170138			

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7782, 7780

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>[Signature]</u>	<u>8-8-2021</u>
Board President	Date
<u>[Signature]</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>[Signature]</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 20 21.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7782 DECAL NUMBER: 20170140

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: DEFIBRILLATOR AED

VENDOR: Stop Heart Attack MANUFACTURER: medtronic
 (Purchased from)

SERIAL/VIN NO.: 485161557 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7780 DECAL NUMBER: 20170138

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: DEFIBRILLATOR AED

VENDOR: Stop Heart Attack MANUFACTURER: medtronic
 (Purchased from)

SERIAL/VIN NO.: 45161639 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

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*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: EOCDate: 10/14/2020

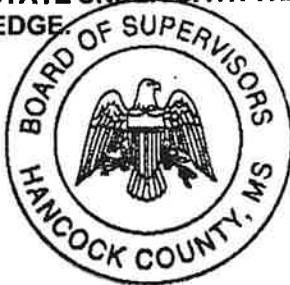
Description	Inventory Number	Report Date Number	Cost or Purchased	Value
computer	20080493 20080497		2400 193 1000	
	20080492			

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 3976,3980,3975

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



Steve Allen
Board President

9-6-2021
Date

April D. Shiver
Inventory Control Clerk

8-9-2021
Date

Brian T. Adair
Employee Responsible for Property

8-9-2021
Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Holly Bilbo
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3976 DECAL NUMBER: 20080493

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: CISCO SERIES

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: FTXO933A245 MODEL NO.: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3980 DECAL NUMBER: 20080497

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: NET GEAR SWITCH BOX

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: JS2414PCB270288 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3975 DECAL NUMBER: 20080492

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: CATALYST

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: F030931VOP9 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancock**COUNTY**18333 Hwy 603 Kiln, Ms 39556**ADDRESS****ADDRESS**Location of Property: EOCDate: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
computer	20050289 20010087 20100457		995 708 708	

Item was not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 3997,3998,4477

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.

Scott Ada
Board President8-6-2021
DateApril Shuman
Inventory Control Clerk8-9-2021
DateBrian T. Ada
Employee Responsible for Property8-9-2021
Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.

Holly Bilbo
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3997 DECAL NUMBER: 20050289

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: LAPTOP

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: GJFNM81 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3998 DECAL NUMBER: 20010087

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: COMPUTER

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: D41030252700 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 4477 DECAL NUMBER: 20100457

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: CPU'S TO REPLACE DUMB TERMINALS

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: 1S7522J4UMJ21993 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancock**COUNTY**18333 Hwy 603 Kiln, Ms 39556**ADDRESS****ADDRESS**Location of Property: Leetown Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pager	20170232		450	450

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7600

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>[Signature]</u>	<u>8.6.2021</u>
Board President	Date
<u>[Signature]</u>	<u>8.9.2021</u>
Inventory Control Clerk	Date
<u>[Signature]</u>	<u>8.9.2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.[Signature]
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7600 DECAL NUMBER: 2017232

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136STE1658 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 Leetown FD
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Kiln Fire Department Date: 10/14/2020

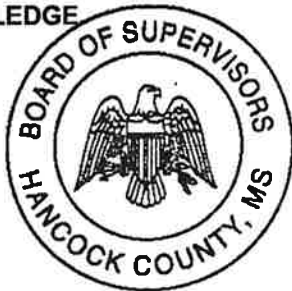
Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pager	20111589 20111562 20111570 20111571 20111560 20111593 20111592 20111559		475 475 475 475 476 476 476 479	3807

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5394,5415,5423,5424,5403,5406,5405,5402

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE



<u>Scott R.</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shuler</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Adams</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



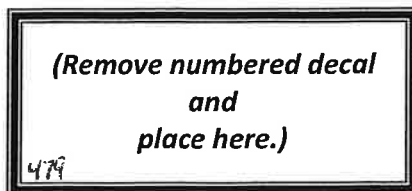
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5394 DECAL NUMBER: 20111589



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WKE8166 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5415 DECAL NUMBER: 20111562



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WLW1467 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5423 DECAL NUMBER: 20111570



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WLW1486 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans EMA DATE: 10-22-19
(Name & Department) (Date Submitted)

ASSET NO.: 5423 DECAL NUMBER: 20111571



DESCRIPTION OF ITEM: Pager Min V

VENDOR: Team One Com MANUFACTURER: Motorola
(Purchased from)

SERIAL/VIN NO.: 1366WLW1486 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL: _____

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
DATE LOCATION

DEPARTMENT HEAD: _____ Brian T. Adam
(Signature) (Please print name)

NOTES/COMMENTS: _____

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

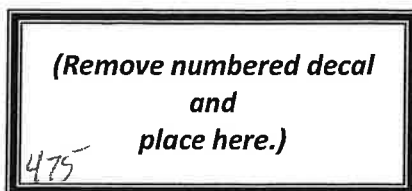
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5403 DECAL NUMBER: 20111560



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5767 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5406 DECAL NUMBER: 20111593



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WKW8153 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

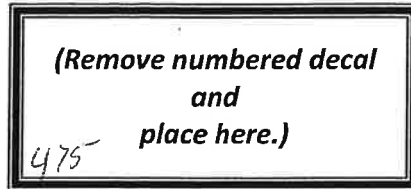
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5405 DECAL NUMBER: 20111592



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5637 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

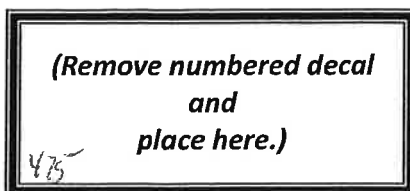
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5402 DECAL NUMBER: 20111559



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGWE7957 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Kiln Fire Department Date: 10/14/2020

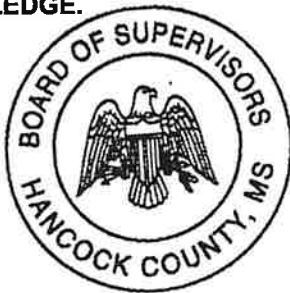
Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pager	20111569 20111568		476 476 476	6663
	20111599 20111597		476 476 476	
	20111595 20111565			

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5422,5421,5412,5410,5408,5418

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>[Signature]</u>	<u>8-6-2021</u>
Board President	Date
<u>[Signature]</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>[Signature]</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.

[Signature]
Notary Public



ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5422 DECAL NUMBER: 20111569



DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5611 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5421 DECAL NUMBER: 20111568

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WLW1470 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5412 DECAL NUMBER: 20111599

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 135WGE5610 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B T Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5410 DECAL NUMBER: 20111597

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WKE8155 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

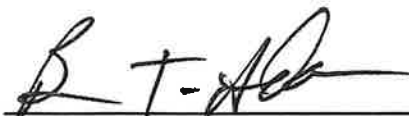
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5408 DECAL NUMBER: 20111595

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WGE5619 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5418 DECAL NUMBER: 2011565

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTORLOA
 (Purchased from)

SERIAL/VIN NO.: 136WKE8151 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Bay St Louis Fire Department

Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Thermal Imager	20110621		4750	4750

Items were not found due to being lost in a structure fire

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 4572

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



Scott Allen 8-6-2021
Board President Date

April Shigan 8-9-2021
Inventory Control Clerk Date

Brian T. Adam 8-9-2021
Employee Responsible for Property Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.

Holly Bilbo
Notary Public



ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 4572 DECAL NUMBER: 20110621

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: ECLIPSE THERMAL IMAGER

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: 51960 MODEL NO: _____

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

DESTROYED IN FIRE - LOST

Any Asset which is to be removed from Inventory must
until Board approval is obtained before further action

Disposal/Surplus area

Date Asset was moved to Surplus/Disposal location

LOCATION

DEPARTMENT HEAD: B.T. Adam

(Signature)

Brian T. Adam

(Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Fenton Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pagers	20170057 20170058		450.00 450.00 450.00	2700.00
143-174 mhz five channel	20170059 20170060		450.00 450.00	
	20170061 20170064		450.00	

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Assets 7452, 7453, 7454, 7455, 7456, 7459

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>[Signature]</u>	<u>8-6-2021</u>
Board President	Date
<u>[Signature]</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>[Signature]</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7452 DECAL NUMBER: 20170057

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SC0271 MODEL NO.: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____

DATE

LOCATION

DEPARTMENT HEAD: _____

(Signature)

Brian T. Adam

(Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your re-

*Bring signed original to Inventory C'

*If the asset is too large to bring to th.

*DO NOT DISPOSE OF ANY ASSET witho

Inventory.

or disposal instructions.

visors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7453 DECAL NUMBER: 20170058

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SC0244 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7454 DECAL NUMBER: 20170059

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SC0266 MODEL NO.: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item.

*If the asset is too large to bring to the Annex, contact _____

*DO NOT DISPOSE OF ANY ASSET without approval from _____

Inventory.

Clerk for disposal instructions.

and of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7455 DECAL NUMBER: 20170060

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SE1486 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____

LOCATION

DEPARTMENT HEAD: _____

(Signature)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

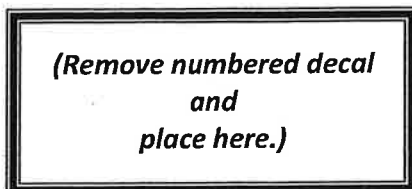
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7456 DECAL NUMBER: 20170061



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SE1495 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B T. Adams Tentor
 (Signature)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 7459 DECAL NUMBER: 20170064

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 1365SE1487 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____ LOCATION _____

DEPARTMENT HEAD: *B. T. Adala* *Pertor* am
 (Signature) (Signature) (Name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Fenton Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pagers	20100976 20100977 20100978		490.00 490.00 490.00	4410.00
143-174 mhz five channel	20100979 20100678 20100677		490.00 490.00 490.00	
	20100676 20100973 20100794		490.00 490.00 490.00	

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Assets 5381,5382,5383,5384,5375,5376,5377,5378,5379

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scott Allen</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shyler</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Bria T. Adam</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5381 DECAL NUMBER: 20100976



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3025 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Super

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5382 DECAL NUMBER: 20100977

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3026 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

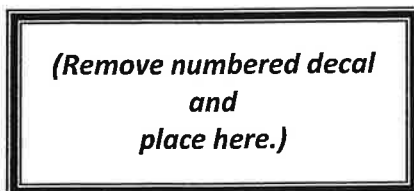
Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5383 DECAL NUMBER: 20100978



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3027 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5384 DECAL NUMBER: 20100979

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WGE7872 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

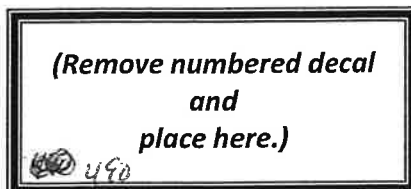
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5375 DECAL NUMBER: 20100678



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3005 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

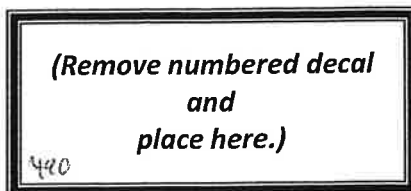
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5376 DECAL NUMBER: 20100677



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3017 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

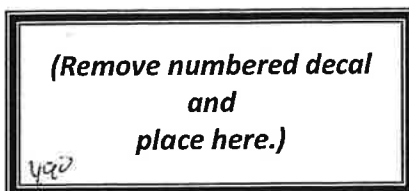
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5377 DECAL NUMBER: 20100676



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3020 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

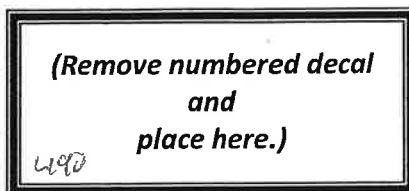
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5378 DECAL NUMBER: 20100973



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3021 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

 *Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5379 DECAL NUMBER: 20100794



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3022 MODEL NO.: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

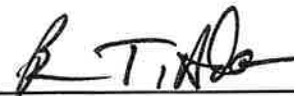
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Fenton Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Pulse OX Meter	20180624		398.67	398.67

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: ~~8806~~ 8506

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scotty Adair</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shiga</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Adam</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans EMA DATE: 10-22-19
 (Name & Department) (Date Submitted)

ASSET NO.: 8806 DECAL NUMBER: 20180624

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pulse Ox Meter

VENDOR: Henry Schine MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: _____ MODEL NO: 4315

DATE OF DISPOSAL: _____ METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Any Asset which is to be ren
until Board approval is obtai

Fenton

ld in a designated Disposal/Surplus area
taken.

Date Asset was moved to §

DATE LOCATION

DEPARTMENT HEAD: _____ Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancock**COUNTY**18333 Hwy 603 Kiln, Ms 39556**ADDRESS****ADDRESS**Location of Property: Fenton Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pagers 143-174 mhz five channel	20100975		490.00	490.00

Items were not found in annual audit and the ones that were do not function anymore and will be sent to a proper facility for disposal

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5380

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>[Signature]</u>	<u>8-6-2021</u>
Board President	Date
<u>[Signature]</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Adam</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5380 DECAL NUMBER: 20100975



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WLQ3023 MODEL NO: _____

DATE OF DISPOSAL: 10-22-2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: _____ Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancockCOUNTY18333 Hwy 603 Kiln, Ms 39556ADDRESSADDRESSLocation of Property: Clermont Harbor Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Motorola Pager	20111519 20111520 20111522 20111521 20100988 20100989 20100986		490 490 490 490 490 490 490	3430

Items were not found due to being lost

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 3190,3192,3193,3195,5495,5496,5498

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scott Allen</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shupen</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Adan</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS Hancock DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Notary Public

ITEM TO BE REMOVED FROM INVENTORY*(1 Item per form)*

FROM: John Albert Evans - EMA DATE: 10-22-2019
(Name & Department) *(Date Submitted)*

ASSET NO.: 3190 DECAL NUMBER: 20111519

*(Remove numbered decal
and
place here.)*

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
(Purchased from)

SERIAL/VIN NO.: 136WJA9222 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:
NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
(Signature) *(Please print name)*

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3192 DECAL NUMBER: 20111520

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJA9226 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

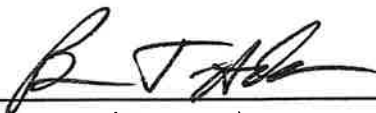
BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY*(1 Item per form)*

FROM: John Albert Evans - EMA DATE: 10-22-2019
(Name & Department) *(Date Submitted)*

ASSET NO.: 3193 DECAL NUMBER: 20111522

*(Remove numbered decal
and
place here.)*

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
(Purchased from)

SERIAL/VIN NO.: 136WJA9232 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
(Signature) *(Please print name)*

NOTES/COMMENTS:

**Maintain a copy of this form for your records.*

**Bring signed original to Inventory Clerk with the item being removed from inventory.*

**If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.*

**DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.*

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 3195 DECAL NUMBER: 20111521



DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJA9234 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: B. T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY*(1 Item per form)*

FROM: John Albert Evans - EMA DATE: 10-22-2019
(Name & Department) *(Date Submitted)*

ASSET NO.: 5495 DECAL NUMBER: 20100988

*(Remove numbered decal
and
place here.)*

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
(Purchased from)

SERIAL/VIN NO.: 136WGE5779 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
(Signature) *(Please print name)*

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5496 DECAL NUMBER: 20100989

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJW1808 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5498 DECAL NUMBER: 20100986

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 136WJW1789 MODEL NO: _____

DATE OF DISPOSAL: 10/23/2019 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD:  Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: Clermont Harbor Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Portable Radio	20170170		5217.00	5217.00

Item was not found due to being lost or not returned by a Fire Fighter that left the Department

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7551

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scott Lee</u>	<u>8-16-2021</u>
Board President	Date
<u>April Shiner</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Adair</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.

Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7551 DECAL NUMBER: 20170170

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: APX 7000 Radio

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 655CTD0425 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Lost and not returned by fire fighter that left the department

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 Clermont Harbor
 DATE LOCATION

DEPARTMENT HEAD: [Signature] Brandon J. Adams
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVITHancock**COUNTY**18333 Hwy 603 Kiln, Ms 39556**ADDRESS****ADDRESS**Location of Property: Clermont Harbor Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Saw	20170235		439.96	439.96

Item was not found due to being lost or misplaced

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7795

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scott Allen</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shiga</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Allen</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.

Holly Bilbo
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7795 DECAL NUMBER: 20170235

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Chain Saw

VENDOR: Davids Chainsaw MANUFACTURER: Stihl
 (Purchased from)

SERIAL/VIN NO.: _____ MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Lost or misplaced and cannot find at this time

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 Clermont Harbor
 DATE LOCATION

DEPARTMENT HEAD: B. J. Wade Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: West Hancock Fire Department Date: 10/14/2020

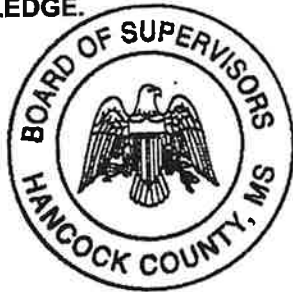
Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Mobile Radio	20111505 20100725 20100726		561 631 631	1823

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5500, 6172, 6173

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



Scott Allen
Board President

8-6-2021
Date

Lipid Shup
Inventory Control Clerk

8-9-2021
Date

Brian T. Adan
Employee Responsible for Property

8-9-2021
Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Holly Bilbo
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5500 DECAL NUMBER: 20111505

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Mobile Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: A9300428 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6172 DECAL NUMBER: 20100725



DESCRIPTION OF ITEM: Mobile Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: B0100386 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6173 DECAL NUMBER: 20100726

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Mobile Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: B2400461 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: West Hancock Fire Department Date: 10/14/2020

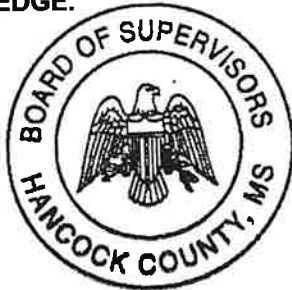
<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Portable Radio	20150088		627	627

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 6929

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.


Scott Ad
Board President

8-6-2021

Date

April Singer
Inventory Control Clerk

8-9-2021

Date

Brian T. Adair
Employee Responsible for Property

8-9-2021

Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.


Holly Bilbo
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6929 DECAL NUMBER: 20150088

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Portable Radio

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: B4200212 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: West Hancock Fire Department

Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pager	20110984*20110986 20111514 20111515 20100990 20100992* 20150084 20150085		455 455 452 452	4,346
			791 791 475 475	

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5014, 5015, 5433, 5434, 5503, 6925, 6926, 5440

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



Board President

8-6-2021

Date

Inventory Control Clerk

8-9-2021

Date

Employee Responsible for Property

8-9-2021

Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 20 21.

Notary Public


ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5014 DECAL NUMBER: 20110984

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V Pager

VENDOR: Team 1 MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WMQ4538 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

not found

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5015 DECAL NUMBER: 20110986

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: MIN V Pager

VENDOR: Team 1 MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WMQ4523 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

not found

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

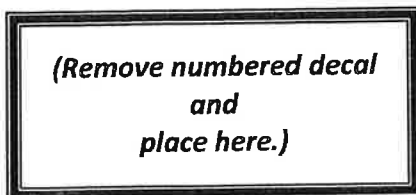
*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5503 DECAL NUMBER: 220100992



DESCRIPTION OF ITEM: MIN V

VENDOR: TEAM 1 MANUFACTURER: MOTOROLA
 (Purchased from)

SERIAL/VIN NO.: 70700509 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

NOT FOUND

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5433 DECAL NUMBER: 20111154



DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WJQ4139 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5434 DECAL NUMBER: 201111515

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WGE5768 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Modified November, 2018

Attachment: 20210806 - Property Affidavits for Inventory Removal - signed (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 5440 DECAL NUMBER: 20100990



DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 136WGE7861 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6925 DECAL NUMBER: 20150084

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 1368QM0518 MODEL NO.: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 6926 DECAL NUMBER: 20150085

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola MANUFACTURER: Motorola
 (Purchased from)

SERIAL/VIN NO.: 1368QM0519 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: West Hancock Fire Department Date: 10/14/2020

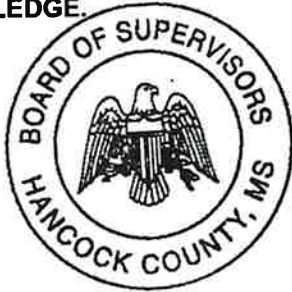
Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Pager	20150237		399	399

Items were not found

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 7103

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



<u>Scott Allen</u>	<u>8-6-2021</u>
Board President	Date
<u>April Shiga</u>	<u>8-9-2021</u>
Inventory Control Clerk	Date
<u>Brian T. Allen</u>	<u>8-9-2021</u>
Employee Responsible for Property	Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for Hancock County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the 9th day of August, 2021.



Holly Bilbo
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans, EMA DATE: 10/14/20
 (Name & Department) (Date Submitted)

ASSET NO.: 7103 DECAL NUMBER: 20150237

(Remove numbered decal
and
place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: 18510526 MODEL NO: _____

DATE OF DISPOSAL: 10/14/20 METHOD OF DISPOSITION: proper distruction

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

Item was lost or not returned by fire fighter

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: 10/14/20 West Hancock
 DATE LOCATION

DEPARTMENT HEAD: _____
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Exhibit N.A.-1

LOST OR STOLEN PROPERTY AFFIDAVIT

Hancock

COUNTY

18333 Hwy 603 Kiln, Ms 39556

ADDRESS

ADDRESS

Location of Property: West Hancock Fire Department Date: 10/14/2020

<u>Description</u>	<u>Inventory Number</u>	<u>Report Date Number</u>	<u>Cost or Purchased</u>	<u>Value</u>
Light Bar	20100995		1243	1243

Item was traded with fire truck

Detailed Explanation of Loss: (In case of theft, robbery or mysterious disappearance, show the name of the Sheriff's Office notified and the date the loss was discovered. If such loss was not reported to a Sheriff's Office at the time of the discovery, give a complete explanation of such failure.)

Asset: 5702

WE HEREBY STATE UNDER OATH THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE.



Scott Adm
Board President

8-6-202
Date

April Shupe
Inventory Control Clerk

8-9-2021
Date

Bruce T. Adm
Employee Responsible for Property

8-9-2021
Date

THIS DATE PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for _____ County, in the State of Mississippi, the above named individuals, who, being first duly sworn, state on their oaths that the above facts are true and correct to the best of their knowledge.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the _____ day of _____, 20____.

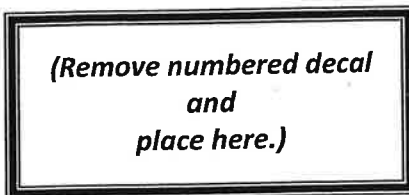
Notary Public

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

FROM: John Albert Evans - EMA DATE: 10-22-2019
 (Name & Department) (Date Submitted)

ASSET NO.: 5702 DECAL NUMBER: 20100995



DESCRIPTION OF ITEM: LIGHT BAR

VENDOR: _____ MANUFACTURER: _____
 (Purchased from)

SERIAL/VIN NO.: OK043-001 MODEL NO: _____

DATE OF DISPOSAL: 10-22-19 METHOD OF DISPOSITION: _____

BOARD OF SUPERVISORS APPROVAL DATE: _____

REASON FOR DISPOSAL:

WENT WITH PUMPER TRADE

Any Asset which is to be removed from Inventory must be held in a designated Disposal/Surplus area until Board approval is obtained before further action can be taken.

Date Asset was moved to Surplus/Disposal location: _____
 DATE LOCATION

DEPARTMENT HEAD: Brian T. Adam Brian T. Adam
 (Signature) (Please print name)

NOTES/COMMENTS:

*Maintain a copy of this form for your records.

*Bring signed original to Inventory Clerk with the item being removed from inventory.

*If the asset is too large to bring to the Annex, contact the Inventory Clerk for disposal instructions.

*DO NOT DISPOSE OF ANY ASSET without approval from the Board of Supervisors and the Inventory Clerk.

Inventory Control Agenda
HANCOCK COUNTY BOARD OF SUPERVISORS MEETING
AUGUST 06, 2021

EXHIBIT A

6.H.2.a

*The assets will be disposed in trash

DEPARTMENT: EMA			
COUNTY DECAL	ASSET NUMBER	DESCRIPTION	SERIAL NO.
20100985	5499	MINITOR V PAGER-CLERMON VFD	136WJW1790
20070017	2974	DEFIBRILLATOR AED-Waveland VFD	99401-000618
20070013	2967	DEFIBRILLATOR AED-BSL FD	34595151
20070010	2969	DEFIBRILLATOR AED-BSL FD	34595176
20070014	2965	DEFIBRILLATOR AED-BAYSIDE VFD	3465018
20100984	5493	RADIUS CM300 RADIO-BAYSIDE VFD	922TGY4588
20010092	5374	RADIUS CM300 RADIO-BAYSIDE VFD	922TLL5245
*This asset went to auction from Diamondhead FD			
20110976	4856	TOSHIBA COPIER	CEK729173
*This asset was Traded In			
20111290	1771	CHARGING SYSTEM EAGLE 1-DIAMONDHEAD FD	1267

Attachment: 08062021 Inventory Disposals (9593 : Inventory Removals)

MISSISSIPPI ASSOCIATION OF SUPERVISORS
AMERICAN RESCUE PLAN SEMINAR | SEPTEMBER 8, 2021
THE REFUGE CONFERENCE CENTER | FLOWOOD, MS



COUNTY OFFICIAL REGISTRATION FORM

Mail to: MS Association of Supervisors
 Attn: Yamaiky Gamez
 793 N. President Street
 Jackson, MS 39202

Fax to: 601.353.2749

Email to: Ygamez@massup.org

County: _____ Purchase Order (if needed): _____
 Completed by: _____ Date Submitted: _____
 Email: _____ Phone No: _____

***** If you are a county employee, you may not register as a spouse/guest. *****

Official: _____ Office: _____

Spouse/Guest: _____ Registration \$ _____

☐ Supervisor or Associate Member (\$200)

☐ Non-Member (\$250)

Official: _____ Office: _____

Spouse/Guest: _____ Registration \$ _____

☐ Supervisor or Associate Member (\$200)

☐ Non-Member (\$250)

Official: _____ Office: _____

Spouse/Guest: _____ Registration \$ _____

☐ Supervisor or Associate Member (\$200)

☐ Non-Member (\$250)

Official: _____ Office: _____

Spouse/Guest: _____ Registration \$ _____

☐ Supervisor or Associate Member (\$200)

☐ Non-Member (\$250)

Official: _____ Office: _____

Spouse/Guest: _____ Registration \$ _____

☐ Supervisor or Associate Member (\$200)

☐ Non-Member (\$250)

* * * * *

Total Registration Fees \$ _____ ☐ Check Enclosed (No. _____) ☐ Bill County

Bill to (Attn.): _____ Email: _____

Registrations received in MAS Office after August 30, 2021 will be processed onsite. Onsite registrations will be assessed a \$100 fee in addition to registration cost.

Attachment: ARP Seminar Registration Form (9580 : Approve travel for County Officials to American Rescue Plan (ARP) Seminar)

Valerie Fitts

From: MS Assn. of Supervisors <YGamez@massup.org>
Sent: Friday, July 30, 2021 2:21 PM
To: Valerie Fitts
Subject: ARP Seminar Registration Form

Follow Up Flag: Follow up
Flag Status: Flagged

Caution: External email.
 Please do not click links or open attachments unless you recognize the sender and know the content is safe.



AMERICAN RESCUE PLAN ACT SEMINAR

MAS has scheduled a one-day seminar on the American Rescue Plan (ARP) process for September 8, 2021, in Flowood, MS at the new Sheraton Refuge Hotel & Conference Center. **Tentatively**, the one-day workshop will begin about 9:00 a.m., followed by lunch, then back into the seminar until about 3:00 p.m. The workshop will focus on US Treasury reporting deadlines and ARP guidelines, additional information from NACo and MAS, further discussion on the lost revenue calculator and an open forum for peer-to-peer discussion on best practices and questions.

CANCELLATION POLICY

Due to hotel attrition policies and catering deadlines, registration for this meeting is non-refundable. Onsite registration cost will be \$300 for members and \$350 for nonmembers.

HOTEL ROOM BLOCK

- Hotel block is open. To make your reservation for September 7, 2021 please call the Sheraton Flowood Hotel at 601.936.4550 and identify yourself with the MS Association of Supervisors for the discounted room block group rate.
- TIP: To quickly make your reservation, please use the [booking link](#) below. You must provide a credit card to make reservation online. Your card will not be charged until check-in.
- You must request MAS rate at the time reservation is made to guarantee block rates. Rates cannot be changed at check-in or check-out. Block rates are subject to sales tax and fees.
- You must confirm required deposit, cancellation, early check-out and other policies with hotel.
- You must confirm tax exemption payment requirements with hotel at the time reservation is made.

Sheraton Refuge Hotel & Conference Center

2200 Refuge Blvd., Flowood, MS 39232

Phone: 601.936.4550

September 7..... \$169 Rate

Cutoff Date..... August 20,2021

Booking Link..... Click [HERE](#)

Group Code..... MS Assn. of Supervisors/MS1060

Tentative Agenda

Wednesday, September 8, 2021

8:00 a.m. – 12:00 p.m.	Registration Open
9:00 a.m. – 11:30 a.m.	ARP Seminar
11:30 a.m. – 12:30 p.m.	Lunch
12:30 p.m. – 3:00 p.m.	ARP Seminar Cont'd
3:00 p.m.	Adjourn

If you no longer wish to receive these emails, click on the following link: [Unsubscribe](#)

This message was sent by Mississippi Association of Supervisors using MemberSuite, Inc.

Mississippi Association of Supervisors
793 N President St
Jackson, MS 39202-3002

Mississippi Association of Supervisors

793 N. President Street, Jackson, Mississippi 39202

Office 601.353.2741 ~ Fax 601.353.2749

www.mssupervisors.org



MEMORANDUM

To: MAS Membership

From: Derrick Surrence, MAS Executive Director

Date: July 27, 2021

Re: ARP MOU Agreement

Attached is a Memorandum of Understanding (MOU) for your county to review and approve. The MOU clarifies the role of MS Association of Supervisors' (MAS) assistance to counties regarding the American Rescue Plan (ARP). MAS will continue to assist our county members throughout the implementation of the ARP. The MOU form must be signed and returned to the MAS office no later than **August 20, 2021**.

Next Step in the Process

Counties should now focus on understanding the lost revenue calculator and the use of lost revenue ARP funds as the next step in the process. Link to lost revenue calculator can be found on the MAS website. The lost revenue calculator will aid your county in identifying the amount of ARP funds available in lost revenue. It is important to note that that US Treasury's IFR states that counties can use revenue recoupment dollars toward **any** government services including, but not limited to:

- Maintenance or pay-go funded building of infrastructure, including roads
- Modernization of cybersecurity, including hardware, software, and protection of critical infrastructure
- Healthcare services
- Environmental remediation
- School or educational services
- Provision of police, fire, and other public safety services

Understanding Eligible Uses of The Fiscal Recovery Fund: How Counties Should Calculate Revenue Loss

MAS has scheduled a one-day seminar on the ARP process for **September 8, 2021** in Flowood, MS. The one-day workshop will focus on US Treasury reporting deadlines and ARP guidelines, additional information from NACo and MAS, further discussion on the lost revenue calculator and an open forum for peer-to-peer discussion on best practices and questions. To attend, your county must sign and return the attached MOU to the MAS office. You may email it to Steve Gray at Sgray@massup.org; mail it to 793 North President Street, Jackson, MS, 39202 or fax to 601.353.2749. Also attached is the registration form for the ARP Seminar on September 8, 2021 at the Sheraton Flowood Refuge Hotel & Conference Center.

If you currently do not receive our emails, you may sign up by emailing Yamaiky Gamez at YGamez@massup.org to be added.

Attachment: 20210806 - MOU regarding American Recovery Plan (9581 : Approve MOU regarding American Recovery Plan ("ARP"))

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("Agreement") is entered into between the Mississippi Association of Supervisors ("MAS") and the Board of Supervisors of _____ County, Mississippi ("County") as of July ____, 2021. The parties agree as follows:

1. MAS will provide the County with information and general assistance regarding the federal funds available under the American Recovery Plan ("ARP") as set forth herein.

2. The MAS responsibilities under this Agreement are limited to:

a. Assisting the County, upon request, with available information the County can use as part of its decision-making process regarding the ARP funds. The information provided by MAS will not be exhaustive and will be limited to information of which MAS is aware.

b. Directing the County to available information from the National Association of Counties ("NACo") and the U. S. Department of the Treasury, as released, including ARP Frequently Asked Questions and Treasury guidelines.

c. Directing the County to NACo staff to assist the County for further guidance regarding the use of ARP funds.

3. MAS is not responsible for:

a. Providing legal or financial advice to the County.

b. Approving or advising on the suitability or appropriateness of the County's use of ARP funds for any purposes or monitoring the County's compliance with federal or state laws and regulations. The County agrees that it will seek advice from its Board attorney and other consultants regarding the suitability and legality of the County's use of ARP funds, confirmation of compliance and project and program close out under federal and state laws and regulations.

4. The County is solely responsible for all decisions on how to spend its ARP funds.

5. MAS is providing the referenced information as a service to its members at no charge. This Agreement contains the entire understanding and agreement between the parties and supersedes any prior verbal or written communications or understandings between the parties. This Agreement may be amended only by a written agreement signed by both parties, is to be construed and enforced under the laws of the State of Mississippi and may be signed in counterparts by the parties. Each party represents that it is authorized to execute this Agreement.

MISSISSIPPI ASSOCIATION OF SUPERVISORS

By: _____
Executive Director

BOARD OF SUPERVISORS OF _____
COUNTY, MISSISSIPPI

By: _____
President

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding ("Agreement") is entered into between the Mississippi Association of Supervisors ("MAS") and the Board of Supervisors of Hancock County, Mississippi ("County") as of July 6, 2021. The parties agree as follows:

1. MAS will provide the County with information and general assistance regarding the federal funds available under the American Recovery Plan ("ARP") as set forth herein.
2. The MAS responsibilities under this Agreement are limited to:
 - a. Assisting the County, upon request, with available information the County can use as part of its decision-making process regarding the ARP funds. The information provided by MAS will not be exhaustive and will be limited to information of which MAS is aware.
 - b. Directing the County to available information from the National Association of Counties ("NACo") and the U. S. Department of the Treasury, as released, including ARP Frequently Asked Questions and Treasury guidelines.
 - c. Directing the County to NACo staff to assist the County for further guidance regarding the use of ARP funds.
3. MAS is not responsible for:
 - a. Providing legal or financial advice to the County.
 - b. Approving or advising on the suitability or appropriateness of the County's use of ARP funds for any purposes or monitoring the County's compliance with federal or state laws and regulations. The County agrees that it will seek advice from its Board attorney and other consultants regarding the suitability and legality of the County's use of ARP funds, confirmation of compliance and project and program close out under federal and state laws and regulations.
4. The County is solely responsible for all decisions on how to spend its ARP funds.
5. MAS is providing the referenced information as a service to its members at no charge. This Agreement contains the entire understanding and agreement between the parties and supersedes any prior verbal or written communications or understandings between the parties. This Agreement may be amended only by a written agreement signed by both parties, is to be construed and enforced under the laws of the State of Mississippi and may be signed in counterparts by the parties. Each party represents that it is authorized to execute this Agreement.

MISSISSIPPI ASSOCIATION OF SUPERVISORS

By: _____
Executive Director

BOARD OF SUPERVISORS OF Hancock
COUNTY, MISSISSIPPI

By: Scary Ada
President



Attachment: ARP MOU (9581 : Approve MOU regarding American Recovery Plan ("ARP"))

**RESOLUTION APPROVING USE OF 2021 AMERICAN RECOVERY ACT FUNDS
FOR KILN WATER AND SEWER DISTRICT UTILITY PROJECT**

COMES NOW THE HANCOCK COUNTY BOARD OF SUPERVISORS and make the following findings and resolution approving the use and appropriateness of 2021 American Recovery Act funds for the Kiln Water and Sewer District as follows:

WHEREAS, Hancock County receives and has available for use American Recovery Act 2021 funds;

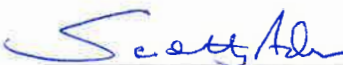
WHEREAS, the Treasury Regulations provide in relevant part as follows and allows for investments and projects toward clean water, sewer and drainage projects, in that they may also provide benefits for clean water under the Clean Water Act and related statutes; and

WHEREAS, Hancock County's Board of Supervisors find that the presently planned Kiln Water and Sewer District project to run additional and new utilities will both serve the purposes of allowing better utilities to those areas of Hancock County. Hence, making expenditure of American Recovery Funds appropriate, and Hancock County finds and designates those funds for this project.

IT IS THEREFORE, HEREBY RESOLVED BY THE HANCOCK COUNTY BOARD OF SUPERVISORS that the expenditure of American Recovery Act 2021 funds for the Phase 1 of the Kiln Water Sewer District utility work and upgrades and of Hancock County is authorized and appropriate under the existing regulations, so moved by Supervisor Ladner, District 5, seconded by Supervisor Koenenn, District 3, with the vote:

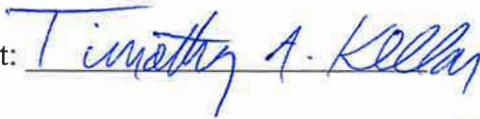
District 1	Yay
District 2	Yay
District 3	Yay
District 4	Yay
District 5	Yay

SO APPROVED on the 2nd day of August, 2021.



Scotty Adam, President

Attest:





**RESOLUTION APPROVING USE OF 2021 AMERICAN RECOVERY ACT FUNDS
FOR DRAINAGE PROJECTS**

COMES NOW THE HANCOCK COUNTY BOARD OF SUPERVISORS and make the following findings and resolution approving the use and appropriateness of 2021 American Recovery Act funds for the Hancock County drainage project as follows:

WHEREAS, Hancock County receives and has available for use American Recovery Act 2021 funds;

WHEREAS, the Treasury Regulations provide in relevant part as follows and allows for investments and projects toward clean water, sewer and drainage projects, in that they may also provide benefits for clean water under the Clean Water Act and related statutes; and

WHEREAS, Hancock County's Board of Supervisors find that the drainage projects presently planned throughout Hancock County will both serve the purposes of allowing better drainage throughout the County, but also serve the betterment of clean water and combatting the affects of climate change. Hence, making expenditure of American Recovery Funds appropriate, and Hancock County finds and designates those funds for these drainage projects

IT IS THEREFORE, HEREBY RESOLVED BY THE HANCOCK COUNTY BOARD OF SUPERVISORS that the expenditure of American Recovery Act 2021 funds for the drainage projects of Hancock County is authorized and appropriate under the existing regulations, so moved by Supervisor Ladner, District 5, seconded by Supervisor Koenenn, District 3, with the vote:

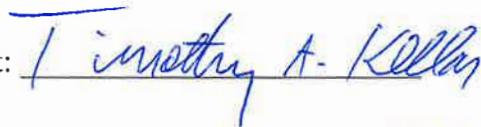
District 1	Yay
District 2	Yay
District 3	Yay
District 4	Yay
District 5	Yay

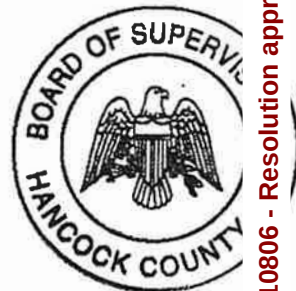
SO APPROVED on the 2nd day of August, 2021.



Scotty Adam, President

Attest:





RESOLUTION APPROVING USE OF GOMESA FUNDS FOR MCLEOD PARK PROJECT

COMES NOW THE HANCOCK COUNTY BOARD OF SUPERVISORS and make the following findings and resolution approving the use and appropriateness of GOMESA funds for the completion of the McLeod Park project as follows:

WHEREAS, Hancock County receives and has available for use GOMESA funds;

WHEREAS, the GOMESA statute provides in relevant part as follows:

43 U.S.C. Section 1331

Section 105

(d) AUTHORIZED USES. —

(1) IN GENERAL. —Subject to paragraph (2), each Gulf producing State and coastal political subdivision shall use all amounts received under subsection (b) in accordance with all applicable Federal and State laws, only for 1 or more of the following purposes:

(A) Projects and activities for the purposes of coastal protection, including conservation, coastal restoration, hurricane protection, and infrastructure directly affected by coastal wetland losses.

(B) Mitigation of damage to fish, wildlife, or natural resources.

(C) Implementation of a federally-approved marine, coastal, or comprehensive conservation management plan.

(D) Mitigation of the impact of outer Continental Shelf activities through the funding of onshore infrastructure projects.

(E) Planning assistance and the administrative costs of complying with this section.

(2) LIMITATION. —Not more than 3 percent of amounts received by a Gulf producing State or coastal political subdivision under subsection (b) may be used for the purposes described in paragraph (1)(E).;

WHEREAS, Hancock County's Board of Supervisors find that the project at McLeod park is required for: (1) the purpose of coastal protection, including conservation, coastal restoration, hurricane protection, and infrastructure directly affected by coastal wetland losses; (2) mitigation of damage to fish, wildlife, or natural resources, as drilling activities necessitate the expansion of wildlife, fish and natural resource activities inland and, e.g., upon rivers; and (3) Mitigation of the impact of outer Continental Shelf activities through the funding of onshore infrastructure, bringing these infrastructure activities inland upon inland rivers and replacing activities on water unable to be performed offshore, hence, making expenditure of GOMESA funds appropriate, and Hancock County finds and designates those funds for this project.

IT IS THEREFORE, HEREBY RESOLVED BY THE HANCOCK COUNTY BOARD OF SUPERVISORS that the expenditure of GOMESA funds for the McLeod Park project of Hancock County is authorized and appropriate under the existing regulations, so moved by Supervisor Adam, District 4, seconded by Supervisor Ryan, District 1, with the vote:

District 1	Yay
District 2	Yay
District 3	Yay
District 4	Yay
District 5	Yay

SO APPROVED on the 2nd day of August, 2021.


 Scotty Adam, President

Attest:





**RESOLUTION APPROVING USE OF GOMESA FUNDS FOR BEACH SAND
RESTORATION**

COMES NOW THE HANCOCK COUNTY BOARD OF SUPERVISORS and make the following findings and resolution approving the use and appropriateness of GOMESA funds for the Hancock County sand beach restoration project as follows:

WHEREAS, Hancock County receives and has available for use GOMESA funds;

WHEREAS, the GOMESA statute provides in relevant part as follows:

43 U.S.C. Section 1331

Section 105

(d) AUTHORIZED USES. —

(1) IN GENERAL. —Subject to paragraph (2), each Gulf producing State and coastal political subdivision shall use all amounts received under subsection (b) in accordance with all applicable Federal and State laws, only for 1 or more of the following purposes:

(A) Projects and activities for the purposes of coastal protection, including conservation, coastal restoration, hurricane protection, and infrastructure directly affected by coastal wetland losses.

(B) Mitigation of damage to fish, wildlife, or natural resources.

(C) Implementation of a federally-approved marine, coastal, or comprehensive conservation management plan.

(D) Mitigation of the impact of outer Continental Shelf activities through the funding of onshore infrastructure projects.

(E) Planning assistance and the administrative costs of complying with this section.

(2) LIMITATION. —Not more than 3 percent of amounts received by a Gulf producing State or coastal political subdivision under subsection (b) may be used for the purposes described in paragraph (1)(E).;

WHEREAS, Hancock County's Board of Supervisors find that the restoration of the sand beach by funding the replacement of plus/minus 175,000 cubic yards of sand to Hancock County's beaches is required for: (1) the purpose of coastal protection, including conservation, coastal restoration, hurricane protection, and infrastructure directly affected by coastal wetland losses; (2) mitigation of damage to fish, wildlife, or natural resources; and (3) Mitigation of the impact of outer Continental Shelf activities through the funding of onshore infrastructure, hence, making expenditure of GOMESA funds appropriate, and Hancock County finds and designates those funds for this project.

IT IS THEREFORE, HEREBY RESOLVED BY THE HANCOCK COUNTY BOARD OF SUPERVISORS that the expenditure of GOMESA funds for the beach restoration project of Hancock County is authorized and appropriate under the existing regulations, so moved by Supervisor Ryan, District 1, seconded by Supervisor Koenenn District 3, with the vote:

District 1	Yay
District 2	Yay
District 3	Yay
District 4	Yay
District 5	Yay

SO APPROVED on the 2nd day of August, 2021.


 Scotty Adam, President

Attest: 

