Hancock County Board of Supervisors

Recessed Meeting Agenda

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

Board Meeting Room

1. Call to Order

A. Pledge of Allegiance
B. Invocation

2. Roll Call

3. Amendments to the Agenda

A. Motion to accept the agenda.

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.
2. Motion to approve the Planning Commission Meeting Minutes held on July 15, 2021.
3. 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.

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.
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.

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

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.

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").
2. Motion to spread on the Minutes, Resolution Approving Use of 2021 American Recovery Act Funds for Kiln Water and Sewer District Utility Project.
3. Motion to spread on the Minutes, Resolution Approving Use of 2021 American Recovery Act Funds for Drainage Projects.
4. Motion to spread on the Minutes, Resolution Approving Use of GOMESA Funds for McLeod Park Project.
5. Motion to spread on the Minutes, Resolution Approving Use of GOMESA Funds for Beach Sand Restoration.

8. Supervisors Items

A. District 1

B. District 2

C. District 3

D. District 4

E. District 5

9. Public Comments

10. Executive Session

11. Adjourn/Recess

1. Motion to adjourn the meeting at _____.

MOLLERE MELISSA ETAL

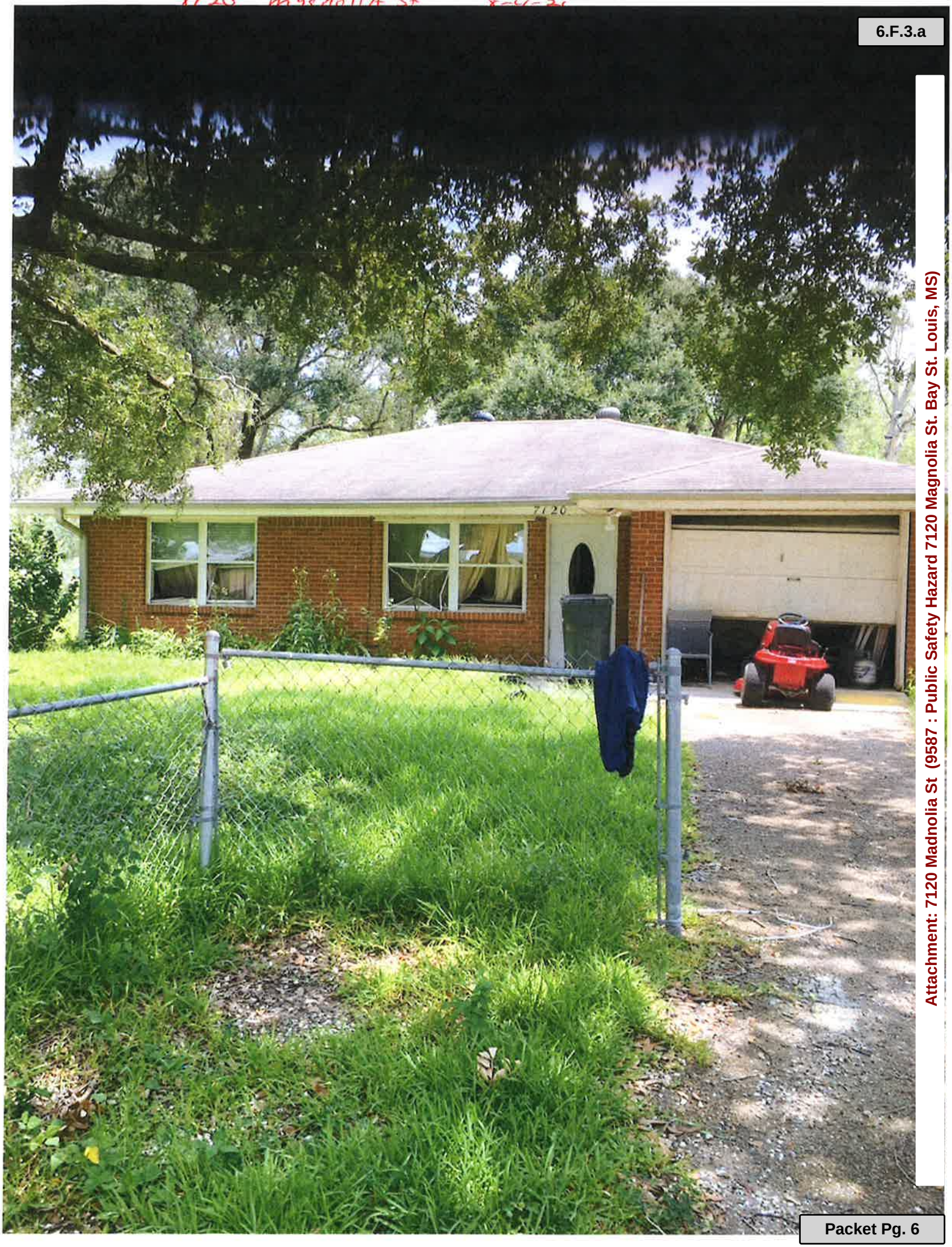
Owner City, State ZIP: BAY ST LOUIS, MS 39520
Physical Address: 7120 MAGNOLIA ST
Improvement Type: RES
Year Built: 1970
Base Area: 1122
Adjusted Area: 1266
Improvement Value: 45239
Land Value: 9000
Total Value: 54239
Estimated Tax: 313.84
Homestead Exemption: Yes
Deed Book: BB217
Deed Page: 119
Legal 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

Attachment: 7120 Madnolia 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. BSL 8-4-21

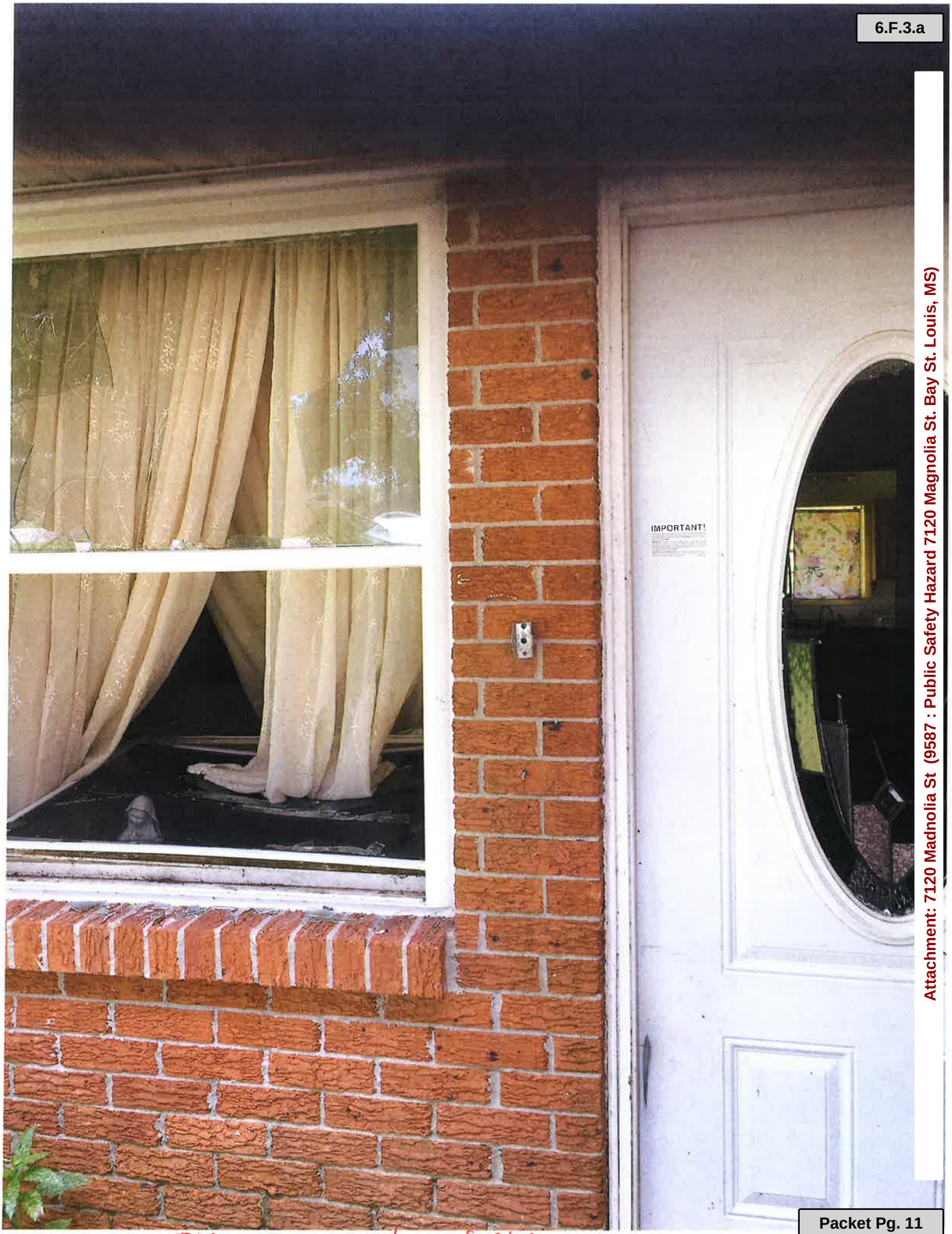
Attachment: 7120 Madnolia St (9587 : Public Safety Hazard 7120 Magnolia St. Bay St. Louis, MS)

7120 Magnolia St. BSL 8-4-21

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

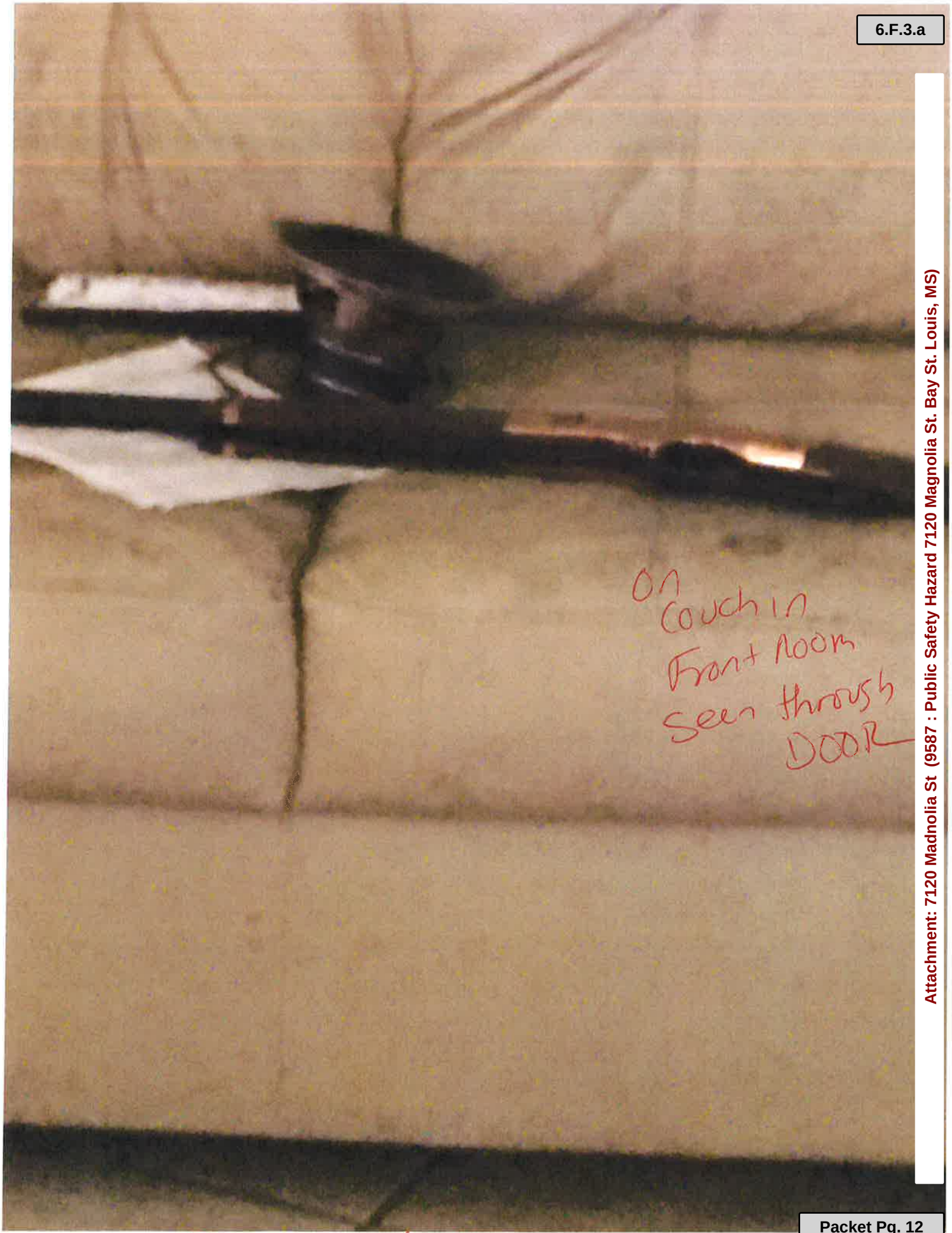
7120 magnolia st - BSL 8-4-21

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



7120 magnolia St BSL 8-4-21

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)

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

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

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	0K043-001	$ 1,243.95

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: EOC Date: 10/14/2020

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

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 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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 3451 DECAL NUMBER: 20080393

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: PORTABLE RADIO

VENDOR: motorola *(Purchased from)* MANUFACTURER: Motorola

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. Ada *(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: 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: EOC Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
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

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.: 4040 **DECAL NUMBER:** 20080542

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: RADIO MOBILE

VENDOR: Motorola **MANUFACTURER:** motorolce

(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.*

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: EOC Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
AED	20170140 20170138		1399 1399	2798

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

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.: 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: 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: 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.: 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.*

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: EOC Date: 10/14/2020

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

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 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

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.: 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: 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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 3980 DECAL NUMBER: 20080497

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: NET GEAR SWITCH BOX

VENDOR: _____ *(Purchased from)* MANUFACTURER: _____

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 *(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: 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.: 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

(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)

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
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 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

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.: 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: B T A _____ 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.: 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

(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.: 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.*

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: Leetown Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
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 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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 7600 DECAL NUMBER: 2017232

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola *(Purchased from)* MANUFACTURER: Motorola

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 (DATE) Leetown FD (LOCATION)

DEPARTMENT HEAD: Brian 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: 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: 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

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.: 5394 DECAL NUMBER: 20111589

(Remove numbered decal and place here.) 479

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: 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: 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

(Remove numbered decal and place here.)

476

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.*

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.: 5423 **DECAL NUMBER:** 20111570

(Remove numbered decal and place here.) 476

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. Ada 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:** 10-22-19

(Name & Department) *(Date Submitted)*

ASSET NO.: 5423 **DECAL NUMBER:** 20111571

(Remove numbered decal and place here.) 476

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.*

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.: 5403 **DECAL NUMBER:** 20111560

(Remove numbered decal and place here.)

475

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: 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.: 5406 DECAL NUMBER: 20111593

(Remove numbered decal and place here.) 475

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: 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: 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

(Remove numbered decal and place here.) 475

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.*

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.: 5402 **DECAL NUMBER:** 20111559

(Remove numbered decal and place here.) 475

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: 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: 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: Kiln Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
Motorola Pager	20111569 20111568 20111599 20111597 20111595 20111565		476 476 476 476 476 476	6663

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 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

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.: 5422 **DECAL NUMBER:** 20111569

(Remove numbered decal and place here.) 476

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: 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: 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.: 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.*

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.: 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.*

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.: 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: *(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: 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.: 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: 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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5418 DECAL NUMBER: 2011565

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTORLOA

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: *(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: 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 143-174 mhz five channel	20170057 20170058 20170059 20170060 20170061 20170064		450.00 450.00 450.00 450.00 450.00 450.00	2700.00

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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 7452 **DECAL NUMBER:** 20170057

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* **MANUFACTURER:** MOTOROLA

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 A *(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*

Fenter

inventory.
r disposal instructions.
visors 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 *(Name & Department)* DATE: 10-22-2019 *(Date Submitted)*

ASSET NO.: 7453 DECAL NUMBER: 20170058

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: 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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 7454 DECAL NUMBER: 20170059

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: B T. Ada *(Signature)* Brian T. Adam *(Please print name)*

NOTES/COMMENTS:

Fenton

**Maintain a copy of this form for your records.*
**Bring signed original to Inventory Clerk with the ite. ventory.*
**If the asset is too large to bring to the Annex, contac. erk for disposal instructions.*
**DO NOT DISPOSE OF ANY ASSET without approval fro. d 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

(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: _____

CATION

DEPARTMENT HEAD: B T. Allen Jr. 1

(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.*

Modified November, 2018

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 7456 DECAL NUMBER: 20170061

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 (Purchased from) MANUFACTURER: MOTOROLA

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: (Signature) Pentor

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 *(Name & Department)* DATE: 10-22-2019 *(Date Submitted)*

ASSET NO.: 7459 DECAL NUMBER: 20170064

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: *(Signature)* am *ame)*

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 143-174 mhz five channel	20100976 20100977 20100978 20100979 20100678 20100677 20100676 20100973 20100794		490.00 490.00 490.00 490.00 490.00 490.00 490.00 490.00 490.00	4410.00

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

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.: 5381 **DECAL NUMBER:** 20100976

(Remove numbered decal and place here.)

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

NOTES/COMMENTS:

490.00
Factor

***

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

Modified November, 2018

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5382 DECAL NUMBER: 20100977

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: *(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: 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: 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: 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.: 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: B T A (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: 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.: 5375 **DECAL NUMBER:** 20100678

(Remove numbered decal and place here.) 490

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: 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: 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.: 5376 DECAL NUMBER: 20100677

(Remove numbered decal and place here.) 440

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.*

Modified November, 2018

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5377 DECAL NUMBER: 20100676

(Remove numbered decal and place here.) YAV

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: *(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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5378 DECAL NUMBER: 20100973

(Remove numbered decal and place here.) 4490

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: B T. A *(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: 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.: 5379 DECAL NUMBER: 20100794

(Remove numbered decal and place here.) 490

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.*

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
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

Attachment: Affidavits_08062021 (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.: 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 Fenton ld in a designated Disposal/Surplus area until Board approval is obtai taken.

Date Asset was moved to S _____

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)

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 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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5380 DECAL NUMBER: 20100975

(Remove numbered decal and place here.) 490

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: *(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: 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: Clermont Harbor Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 3190 DECAL NUMBER: 20111519

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: _____ *(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: 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.: 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.*

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.: 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:

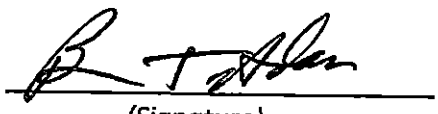
REASON FOR DISPOSAL:

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.*

Modified November, 2018

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 3195 DECAL NUMBER: 20111521

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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 *(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: 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.: 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: 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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5496 DECAL NUMBER: 20100989

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: *(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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5498 DECAL NUMBER: 20100986

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V PAGER

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: *(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: 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: 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.

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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 7551 **DECAL NUMBER:** 20170170

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: APX 7000 Radio

VENDOR: Motorola *(Purchased from)* **MANUFACTURER:** Motorola

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 (DATE) Clermont Harbor (LOCATION)

DEPARTMENT HEAD: *(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: 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: Clermont Harbor Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
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

Attachment: Affidavits_08062021 (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.: 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: R J. Hale Brien 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)

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.

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

Attachment: Affidavits_08062021 (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.: 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.*

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:** 10/14/20

(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.*

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:** 10/14/20 _____
(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 (DATE) West Hancock (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: 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: West Hancock Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 6929 **DECAL NUMBER:** 20150088

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: Portable Radio

VENDOR: _____ *(Purchased from)* **MANUFACTURER:** _____

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 (DATE) West Hancock (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: 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: 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		455 455 452 452 791 791 475 475	4,346

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 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

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.: 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: 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.: 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: 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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5503 DECAL NUMBER: 220100992

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: MIN V

VENDOR: TEAM 1 *(Purchased from)* MANUFACTURER: MOTOROLA

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: 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: Affidavits_08062021 (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.: 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 (DATE) West Hancock (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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5434 **DECAL NUMBER:** 201111515

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola *(Purchased from)* **MANUFACTURER:** Motorola

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 (DATE) West Hancock (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: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5440 **DECAL NUMBER:** 20100990

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: Pager

VENDOR: Motorola *(Purchased from)* **MANUFACTURER:** Motorola

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 (DATE) West Hancock (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: Affidavits_08062021 (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.: 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.*

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:** 10/14/20

(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.*

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: 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.

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

Attachment: Affidavits_08062021 (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.: 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.*

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: West Hancock Fire Department Date: 10/14/2020

Description	Inventory Number	Report Date Number	Cost or Purchased	Value
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 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

Attachment: Affidavits_08062021 (9592 : Inventory Removal)

ITEM TO BE REMOVED FROM INVENTORY

(1 Item per form)

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

ASSET NO.: 5702 DECAL NUMBER: 20100995

(Remove numbered decal and place here.)

DESCRIPTION OF ITEM: LIGHT BAR

VENDOR: _____ *(Purchased from)* MANUFACTURER: _____

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
(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)

Inventory Control Agenda
HANCOCK COUNTY BOARD OF SUPERVISORS MEETING
AUGUST 06, 2021

*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

ASSOCIATION OF SUPERVISORS MISSISSIPPI

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

Attachment: ARP Seminar Registration Form (9580 : Approve travel for County Officials to American Rescue Plan (ARP) Seminar)

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

Attachment: ARP Seminar Registration Form (9580 : Approve travel for County Officials to American Rescue Plan (ARP) Seminar)

Mississippi Association of Supervisors
793 N. President Street, Jackson, Mississippi 39202
Office 601.353.2741 ~ Fax 601.353.2749
www.mssupervisors.org

ASSOCIATION OF SUPERVISORS MISSISSIPPI

MEMORANDUM

To: MAS Membership

From: Derrick Surrette, 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 is 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

Attachment: 20210806 - MOU regarding American Recovery Plan (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: Timothy A. Kellar

CHANCERY CLERK HANCOCK COUNTY, MS

BOARD OF SUPERVISORS HANCOCK COUNTY, MS

Attachment: 20210806 - Resolution approving use of 2021 American Recovery Act Funds for Kiln Water and Sewer District (9588 : Resolution

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: Timothy A. Kelly

CHANCERY CLERK HANCOCK COUNTY, MS

BOARD OF SUPERVISORS HANCOCK COUNTY

Attachment: 20210806 - Resolution approving use of 2021 American Recovery Act Funds for Drainage Projects (9589 : Resolution Approving

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.

Attachment: 20210806 - Resolution approving use of GOMESA Funds for McLeod Park Project (9590 : Resolution Approving GOMESA Funds

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:

Attachment: 20210806 - Resolution approving use of GOMESA Funds for McLeod Park Project (9590 : Resolution Approving GOMESA Funds

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.

Attachment: 20210806 - Resolution approving use of GOMESA Funds for Beach Sand Restoration (9591 : Resolution Approving GOMESA

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: Timothy A. Kelly

Attachment: 20210806 - Resolution approving use of GOMESA Funds for Beach Sand Restoration (9591 : Resolution Approving GOMESA