



# CHANGE OF EQUIPMENT LOCATION and / or DEPARTMENT

Print, complete, and return to:

UMASS Lowell Property Office - Use Interoffice mail: Property Office / Wannalancit 415  
or **FAX:** 45070

**(Dept. Head/Dean/Director must sign this form ONLY if equipment changes department)**

Requestor's Name: \_\_\_\_\_ Department Name: \_\_\_\_\_

Requestor's Phone: \_\_\_\_\_

**\*Tags: use any of the following 1) Yellow CTag 2) Blue NTag 3) Red RTag 4) Green GTag**

*Tag Number (if available)	Item Description	Model Number	Serial Number	Old Location	New Location	New Department and Custodian (if applicable)

I affirm that I have removed all data and files from any computer changing departments.

\_\_\_\_\_  
Dept. Head/Dean/Director (print)                      Date