

**APPLICATION TO PURCHASE
STATE OF ILLINOIS SURPLUS PROPERTY**

Date: _____

Account Number: _____ OFFICIAL USE FOR CMS ASSIGNMENT
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ORGANIZATION: _____

ADDRESS: _____ PHONE #: _____

CITY: _____ ZIP: _____ COUNTY: _____

FORM OF AGENCY

- _____ LOCAL GOVERNMENT
- _____ SCHOOL DISTRICT
- _____ NOT-for-PROFIT EDUCATIONAL, CHARITABLE and PUBLIC HEALTH ORGANIZATIONS
(Examples of such organizations include but are not limited to: Medical Institutions, Clinics, Hospitals, Health Centers, Schools, Colleges, Universities, Child Care Centers, Museums, Nursing Homes, Programs for the Elderly, Food Banks, State Sheltered Use Workshops, & Boy & Girl Scout of America.)

ALL NOT-for-PROFIT ORGANIZATIONS MUST PROVIDE THE FOLLOWING DOCUMENTATION:

- Narrative of Program
- Articles of Incorporation as not-for-profit corporation. If not incorporated, please explain.
- Illinois State tax exemption or Fed 501 (c) ruling, if applicable.
- Any required licensing or accreditation.

Persons authorized to acquire State Surplus:

_____	_____	_____
_____	_____	_____

PLEASE SIGN BELOW AND HAVE NOTARIZED

The organization, school district or unit of local government is qualified to receive surplus State Property. All State Property will be used for programmatic purposes. I understand property purchased may not be sold, traded in, or otherwise disposed of without permission from the Director of the Department of Central Management Services.

BY: _____

TITLE: _____

DATE: _____

State of Illinois
County of _____

<i>Please place Notary Impression Stamp here.</i>

I, _____, a Notary Public for the County noted above, state that _____ appeared before me and being duly sworn stated that he/she executed the document above and that the information above is correct.

Notary Public

Commission Expires

PLEASE RETURN TO:
Illinois Department of Central Management Services
State Surplus Property Control
Bureau of Property Management
1924 South 10 1/2 Street, Springfield, IL 62703

<i>Note: All items shall be paid for by a check drawn on the purchasing organization prior to the items leaving the warehouse.</i>
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<u>NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.</u>
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