STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT

ASA HUTCHINSON
GOVERNOR

DAVID MAXWELL
DIRECTOR

Want List Item Request

Donee # _____ Date of Request: _____

Donee Name: _____
(Organization's legal name)

Printed Name: _____ Phone #_____

Is Eligibility Application Current: _____
(applications must be current to place items on "Want List")

Items Requested/ Quantity

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Signature of Authorized Donee Date

_____ _____
Warehouse Representative / Property Agent Date

***Only personnel listed on Authorization form can place items on the "Want List".**
***This request is good for one year . "Want List" items must be renewed Yearly.**

Federal Surplus Property
8700 Remount Road, North Little Rock, AR 72118
Tel. (501) 835-3111 Fax (501) 834-5240
An Equal Opportunity Employer