



**Town of Colonial Beach**  
**315 Douglas Ave**  
**Colonial Beach VA 22443**

**Date:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First : \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Do you have in your possession any Town of Colonial Beach Equipment?  Yes  No

**Laptop/PC**  Yes

Manufacturer	Model	Serial	Asset Label Name

**Cellphone**  Yes

Manufacturer	Model	Serial #	Cellphone #

**Tablet**  Yes

Manufacturer	Model	Serial #	Cellphone #

**Other**  Yes

Uniform (s)	Key (s)		

