Federal Surplus Property Center

2830 SW Kanza Drive Topeka, KS 66606

Phone: 785-296-2351 Fax: 785-296-4060 Email: Fedsurplus@ks.gov

Change of Authorized Representative Form

Organization Name: _____ **Phone Number**: (_____)_____

Physical Address: _____

Complete this form to make changes to the organization's authorized representative list. Individuals who sign this form acknowledge that they will abide by the Federal GSA terms and conditions listed in the eligibility contract.

Name: _____ **Title**: _____ **Phone Number**: (_____)_____

Email: _____ **Date**: _____ **Signature**: _____

☐ **Add** ☐ **Remove** ☐ **Replace**_____

Name: _____ **Title**: _____ **Phone Number**: (_____)_____

Email: _____ **Date**: _____ **Signature**: _____

☐ **Add** ☐ **Remove** ☐ **Replace**_____

Name: _____ **Title**: _____ **Phone Number**: (_____)_____

Email: _____ **Date**: _____ **Signature**: _____

☐ **Add** ☐ **Remove** ☐ **Replace**_____

Name: _____ **Title**: _____ **Phone Number**: (_____)_____

Email: _____ **Date**: _____ **Signature**: _____

☐ **Add** ☐ **Remove** ☐ **Replace**_____

Name: _____ **Title**: _____ **Phone Number**: (_____)_____

Email: _____ **Date**: _____ **Signature**: _____

☐ **Add** ☐ **Remove** ☐ **Replace**_____

By signing this form, I acknowledge that these individuals are active employees of our organization and are authorized for the release of property on it's behave.

Head Authorized Official

Name/Title:_____ **Signature**:_____ **Date**:_____