

WANT LIST

LEGAL NAME & MAILING ADDRESS OF APPLICANT ORGANIZATION:

_____ () _____
Name of Organization Phone Number Requesters Name

List the type of property your agency is interested in acquiring which will support the mission of your Agency

Name of Item	Description of Item	Quantity Needed	Date Needed

_____ **Type/Printed Name of Applicant Organization**

_____ **Date**

_____ **Typed/Printed of Authorized Official**

_____ **Signature of Authorized Official**