

DATE & TIME RECEIVED: _____

REQUEST # _____

**SRS COMMUNITY REUSE ORGANIZATION
ASSET TRANSITION DUE DILIGENCE WORKSHEET**

LOCAL BUSINESS DEVELOPMENT

Legal Name: _____

Contact Person: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ County: _____

Organization Form: Corporation LLC Partnership Proprietorship

Number of Employees: Salaried: _____ Hourly: _____

Years Firm in Business: _____

Description of item/items to be purchased: (use an additional sheet if necessary)

SRCRO List #	Mat ID (EX Number)	Description of the Item	Quantity

NOTE: I/We, the undersigned, agree to pay the pickup, handling, storage, and any other associated costs incurred by SRSCRO.

Description of current business (use an additional sheet if necessary):

Description of how equipment will be used in business to create jobs and improve the regional economy:

Estimated Number of Jobs Created: _____ Bank Reference: _____

I/We, the undersigned, agree to not sell, lease, or remove from the five-county area represented by SRSCRO, any item acquired in this program for a period of five (5) years unless prior written approval from SRSCRO is issued.

Signed: _____

Title: _____

Completed form must be received in SRSCRO office within the 30-day period the list is posted on the web page:

MAIL: SRS Community Reuse Organization
P.O. Box 696, Aiken, SC 29802
FAX: 803-593-4296
EMAIL: srsro@srsro.org

<u>SRSCRO ONLY:</u>

Reviewed By

Date Completed

Cost to Customer

DOE Approval