

ANNUAL INVENTORY CERTIFICATION (LOW RISK DEPARTMENTS)

DECAL	ASSET DESCRIPTION	LOCATION	CUSTODIAN

By signing below, I do hereby certify and acknowledge this department has completed the annual inventory of all listed assets, per Florida State Statues 273.02, and all assets have been accounted for.

_____ **Department Inventory Contact**

_____ **Department Head**

_____ **Date**

_____ **Date**