

**N.C. STATE UNIVERSITY  
CAPITAL ASSETS MANAGEMENT SYSTEM  
STORAGE OF EQUIPMENT ON PRIVATELY OWNED/LEASED PREMISES**

OFF-CAMPUS STORAGE FACILITY

BUILDING NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

LENGTH OF TIME EQUIPMENT WILL BE STORED AT THIS FACILITY \_\_\_\_\_

REASON FOR OFF-CAMPUS STORAGE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF EQUIPMENT	CAMS TAG NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Dean/Director/Department Head's Signature                      Date

\_\_\_\_\_  
Print Signature

The Dean/Director/Department Head will be notified in writing of the approval or denial of this request within two weeks of receipt of this form in the Capital Assets Office.

PLEASE FORWARD COMPLETED FORM TO:

CAMS OFFICE  
ADMINISTRATIVE SERVICE BUILDING  
CAMPUS BOX 7205