|  |  |  |
| --- | --- | --- |
| RC-SEAL | INVENTORY OF COUNTY PROPERTYFOR CAPITAL ASSETSOFFICE OF THE AUDITOR-CONTROLLER*Per Government Code section 24051, complete the upper portion and submit the certification on or before July 10th of each year with the Auditor-Controller’s Office, Mail Stop #1050. In addition, if inventory is being transferred from one officer to another at other times in the fiscal year, please complete and submit the bottom portion with a current inventory list.* | SPM Form AM – 1 |

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| **BUSINESS UNIT** | **FUND NO.** | DEPT ID | AGENCY/DEPARTMENT NAME |
|       |       |       |       |

|  |
| --- |
| Certification |
|  |
|  |
| I certify, under penalty of perjury, that the attached county property inventory list is a true and correct inventory |
| of the County of Riverside’s property currently in my possession and/or control and for which I am responsible |
| for as of the close of business on June 30, |      | . |
|  |  |  |  |  |
|  | **Signature** |  | **Date** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Print Name** |  | **Official Title** |  |
|  |  |  |  |  |
|  |  | **,** | California |  |
|  | **Executed At** |  |  |  |

|  |
| --- |
| **Acknowledgement of Transfer of Inventory from Outgoing Officer** |

|  |
| --- |
| I acknowledge and certify, under penalty of perjury, each and all articles named in the attached inventory list of fixed assets is a true and correct inventory of the County of Riverside’s property now in my possession and being transferred |
| **to the individual named below as of** |       | **.** |
|  | **(Specify date)** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Signature** |  | **Date** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Print Name** |  | **Official Title** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **,** | **California** |  |
|  | **Executed At** |  |  |  |
|  |  |  |  |  |

 Attachment lll

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| --- |
| Acknowledgement of Receipt from Incoming Officer |

|  |
| --- |
| I acknowledge and certify, under penalty of perjury, the receipt of each and all articles named in the attached inventory list of fixed assets as a true and correct inventory of the County of Riverside’s property now in my  |
| possession and/or control and for which I am responsible for as of  |       | . |
|  | (Specify date) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Signature** |  | **Date** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Print Name** |  | **Official Title** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **,** | **California** |  |
|  | **Executed At** |  |  |  |