City of Seattle

SURPLUS COMPUTER EQUIPMENT APPLICATION FORM

Agency name: _____

501(c)(3) Non-Profit Number_____

Address: _____

_____

Telephone: _____**FAX:**_____

E-mail: _____

Contact person: _____

Services provided by agency:

Number of computers requested:

Number of monitors requested: (Only very limited numbers of monitors are available):

Please indicate lowest acceptable processing speed:

Other peripheral equipment needs? (Keyboards, mice, printers and other equipment only occasionally available.)

How will this equipment improve the quality of the services you deliver to residents of the City of Seattle?

Do you have the ability/resources to maintain the equipment? Please explain.

For Free High Speed Internet for community centers link:
http://www.seattle.gov/tech/free_stuff/cable_modem.htm

Please return to: City of Seattle Human Services Department, 700 5th Avenue, Suite 5800, P.O. Box 34215 Seattle, WA 98124-4215 ATTN.: Shay Brown FAX: 206 233-5119 or e-mail to shay.brown@seattle.gov