

Statewide County Equipment Auction Equipment Submittal Form

Please complete this form for EACH piece of equipment/item to be auctioned and **fax** or **email** to Mike Graham Auctioneers **AS SOON AS POSSIBLE**. Fax No.: 580-658-5548; Cell Ph. No.: 405-403-4303; Office No.: 580-658-5553, Email jblong2006@yahoo.com

County/Company/Owner: _____ **District/Contact:** _____

Marlow Auction
December 14th, 2019

Please Check: Equipment sold with a title Equipment sold without title
Salvage/Rebuilt Title (Bill of sale only)

Year: _____ **Manufacturer:** _____ **Model:** _____

Machine / Truck / Trailer Type: _____

Serial Number: _____

| | | | |
|--|--------------------------------------|--------------------------------------|--|
| Equipment Description (Please <u>check</u> attachments included with this piece of equipment) | | | |
| Cab <input type="checkbox"/> | Canopy <input type="checkbox"/> | Dozer blade <input type="checkbox"/> | Loader bucket <input type="checkbox"/> |
| Scarifier <input type="checkbox"/> | Ripper <input type="checkbox"/> | Winch <input type="checkbox"/> | Moldboard <input type="checkbox"/> |
| Additional Descriptions: _____ | | | |
| Truck Description (Please <u>check / include</u> and additional descriptions) | | | |
| Tandem axle <input type="checkbox"/> | Single axle <input type="checkbox"/> | Engine _____ | Transmission _____ |
| Additional Descriptions: _____ | | | |
| Trailers (Please <u>check / include</u> any additional descriptions) | | | |
| Tandem axle <input type="checkbox"/> | Single axle <input type="checkbox"/> | Length _____ | |
| Additional Descriptions: _____ | | | |

Misc. Items to be added to auction

