



## GOVDEALS.COM PICK-UP AUTHORIZATION FORM

I, \_\_\_\_\_, give permission to \_\_\_\_\_,  
(Buyer) (Pick-up Agent's Name)

of \_\_\_\_\_ to pick up my item(s), as listed below,  
(Company Name - if applicable)

from the Town of Ocean City, Maryland on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Buyer Signature) (Date)

### Item(s) to be picked up:

<u>Asset ID# &amp; Inventory ID#</u>	<u>Description</u>
_____	_____
_____	_____
_____	_____
_____	_____

\*A completed & signed copy of this form, the buyer's certificate and a driver's license will be required before item(s) will be released.

**PLEASE EMAIL OR FAX THE COMPLETED FORM  
TO THE PURCHASING DEPARTMENT:**

Attn: Dawn Webb  
Purchasing Associate  
214A 65<sup>th</sup> Street, Suite 4-119  
Ocean City, MD 21842  
Office: (410) 723-6643  
Fax: (410) 524-1482  
[dwebb@oceancitymd.gov](mailto:dwebb@oceancitymd.gov)  
[www.oceancitymd.gov](http://www.oceancitymd.gov)