



Property Representative Form

Division of Finance
Receiving & Property Control
405 E. Garrard Road
Starkville, MS 39759
P. 662.325.2545
property@property.msstate.edu

Property Representative Information

Name: _____ **Outgoing** ☐ **or Backup** ☐ Property Representative:
Net ID Email: _____ Name: _____
Direct Phone Number: _____ Net ID Email: _____

Reason For Request

- ☐ New/Updating Property Rep.
- ☐ Additional/Backup User
- ☐ Establishing Dept. ID
- ☐ Deactivating Dept. ID

Access Level

- ☐ Departmental Rep. ☐ Vehicle Read Only
- ☐ Additional User
- ☐ Read Only Access

Department Information

☐ 254 - MSU ☐ 421 - Extension ☐ 422 - MAFES ☐ 424 - Forestry ☐ 447 - MS Chem Lab

Department ID(s):

Department Name(s):

Address: _____ Department Head Name: _____
City: _____ Department Head Net ID Email: _____
State: _____ Zip: _____ Vice President Name: _____
Mail Stop: _____

Please visit the link below **prior** to submission of this document:
<https://msu.ams.incircuit.com/eams/ssoshib/f?p=1021:101>



Acknowledgements & Signatures

Property Representative Signature: _____ Date: _____

I have reviewed the applicable policies and procedures, acknowledge that I have been designated to assist as a departmental property representative and agree to abide by all policies, procedures, state, and federal regulations.

Department Head Signature: _____ Date: _____

I acknowledge my responsibility as a Dean, Director, or Department Head to ensure compliance with property management policies within my unit. I will support departmental property representatives and ensure adherence to all applicable policies, procedures, state, and federal regulations.

Property Control Use: ReCoup Updated _____ Labels Updated _____ Address Updated _____