



Acknowledgment of Receipt of Transferred Inventory

The Ohio MARCS Subscriber identified below as “*Subscriber*”, acknowledges receipt of the transferred equipment also identified below and accepts full responsibility for applicable usage charges that occur after the date of the transfer until further notice.

Subscriber:

Agency Name: Galion City Health Department
Agency Address: 113 Harding Way East, Galion, OH 44833
Agency County: Crawford
Contact Name: Andrea Barnes
Contact Phone:
Contact Email: andrea.barnes@galionhealth.org

The equipment listed below was transferred to this subscriber from the Ohio Department of Health.

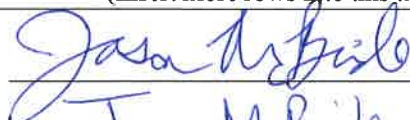
Serial #	MARCS P25 ID	Equipment Description
543016830830006	9320608	Kenwood-VP5430
543019915330-135	9320607	Kenwood-VP5430
(Insert more rows into this table as needed.)		

SIGNATURE:

PRINTED NAME:

TITLE:

DATE:


Jason McBride
Health Commissioner
4/27/2023

After completing this form, return it to MARCS via fax (614-995-0067), email (DAS-MARCS.Admin@das.ohio.gov), or USPS addressed to: MARCS Program Office, Attn: MARCS Device Management, 4200 Surface Rd, Columbus, OH 43228.