

THE DISPOSITION SERVICES FIELD SITE WILL PROVIDE THE CUSTOMER WITH THE DLA FORM 2516 TO FILL OUT ONCE THEIR REQUISITION HAS BEEN RECEIVED. AREA'S MARKED WITH "\*" WILL BE FILLED OUT BY THE DISPOSITION SERVICE SITE.

TODAYS DATE

\*DLA DISPOSITION SERVICES NAME AND ADDRESS

PRINT CUSTOMER NAME

CUSTOMER SIGNATURE

LIST OF DTID'S AND/OR REQUISITION #'S PERSON LISTED ABOVE WILL BE PICKING UP

CUSTOMER NAME AND ADDRESS

NAME OF INDIVIDUAL OR COMPANY PICKING UP THE PROPERTY

LETTER OF AUTHORIZATION TO REMOVE		Prescribed by: DoD M 4160.21 Sponsor: Disposition Services
This form may not be modified or altered. Other versions are not authorized.		
Date:	<input type="text"/>	
To: DLA DISPOSITION SERVICES	From: <input type="text"/>	
I, <input type="text"/> PRINT NAME the undersigned, hereby authorize		
<input type="text"/> PRINT NAME OF PERSON OR TRANSPORTATION COMPANY to remove the requisitions listed below on my behalf.		
SIGNATURE OF CUSTOMER: <input type="text"/>		
<b>Extent of Authority: To remove the property listed below.</b>		
LIST ITEM(S) by Requisition/DTID Number/Work Load List*: <input type="text"/> GSA Transfer Order # if applicable: <input type="text"/>		
<div style="border: 1px solid black; padding: 5px; background-color: #e0e0e0;">           TYPING IN "SEE ATTACHED TRANSFER ORDER # XXXXXX" IS ACCEPTABLE         </div>		
*Work Load List Number: <input type="text"/>		
PLEASE COMPLETE THIS FORM AND EMAIL OR FAX IT TO <input type="text"/>		
PLEASE CALL <input type="text"/> TO SCHEDULE YOUR PICK-UP		
REMEMBER TO BRING ADEQUATE ID WHEN YOU COME THANK YOU ***** PICK-UP OF REQUISITIONS IS REQUIRED WITHIN 14 DAYS OF THE 1348 DOCUMENT FOR DOD, LESO, FIRE FIGHTER, AND CFL CUSTOMERS AND 21 DAYS FOR ALL DONATION AND TRANSFER CUSTOMERS. ALL REQUISITIONS WILL BE CANCELLED AFTER THIS DATE.		

\*THIS PORTION OF THE FORM WILL BE FILLED OUT BY DLA DISPOSITION SERVICE SITE PRIOR TO SENDING THE FORM TO THE CUSTOMER