## **OHIO LESO TRANSFER REQUEST FORM**

Releasing Agency				Receiving	g Agency		
ddress				Address			
ity	State	Zip Code		City		State Zip (	Code
OC Name		Phone Number		POC Nan	e	Phone Numbe	er
roperty Approved by S/C for Transfer: YES / NO tate Coordinator Name/Stamp: Print:			_	Property Approved by LESO for Transfer: YES / NO Transfer entered in CMIS database: YES / NO			
Sign:				LESO Coordinator: Date:			
Ohio State Coordinator an Imentation should include een the State of Ohio and	nd LESO must review signatures from the r	requests for transfer. On	ce transfer approva	al has been obtained fr Receiving agencies mu	om the Ohio State Coordir	nator and LESO, follo	ow state rules for transfer.
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Ohio State Coordinator an Imentation should include een the State of Ohio and	nd LESO must review signatures from the r I DLA. If you have an	requests for transfer. On	ce transfer approva receiving agency. Free to contact the O	al has been obtained fr Receiving agencies mu hio State 1033 Progra	om the Ohio State Coordir ust be a participant of the 1 m Office at (614) 995-3789	nator and LESO, follo 1033 Program and wi 9 or fax (614) 466-51	ow state rules for transfer. ill adhere to the conditions 81.
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