

State of Connecticut

OFFICE OF THE STATE COMPTROLLER Property Control Questionnaire

Instructions

Please complete items 1-8. Thank you.

1. Date: _____

2. Business Unit Acronym: _____

3. Business Unit Name: _____

4. Person assigned the responsibilities of maintaining the data in the Core-CT Asset Management Module or approved applicable system for out of scope agencies.

5. Title: _____

6. Telephone Number: _____

7. Email Address: _____

8. Is assistance required with the Core-CT Asset Management Module or the Core-CT Inventory Module?

A. Yes _____

Asset Module: _____

Inventory Module: _____

Or

B. No _____

Email to osc.assets@ct.gov

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