ADJUSTMENTS TO STATE-OWNED ASSETS

CO-853(b) Rev. 2/2026
Recovery/**Resolution Form**

SAM REFERENCE #

INSTRUCTIONS:

1. **CO-853(b) - Recovery/Resolution Form -** This form is filled out once there has been a final resolution of the occurrence.
2. Enter the Agency and Property information: **SAM Reference # (provided by OSC – Security and Asset Management), Agency Reference #, Agency Name, Brief Property Description (from original CO-853(a) submission).**
3. This may be submitted at a later date to provide additional information or to finalize an occurrence that was previously submitted on a CO-853(a) form.
4. Prepare and electronically submit the form to OSC.CO-853@CT.GOV with a Cc: to Auditors of Public Accounts at CO-853@CTAUDITORS.GOV. Retain a copy for your own records. This form must also be provided to the responsible party at the submitting agency (business office, property control manager, etc.)
5. This form will be required for all CO-853 submissions that require further investigations or aren't resolved immediately upon submitting the CO-853(a) form.

QUESTIONS: Central Accounts Payable Division, 165 Capitol Ave, Hartford, CT 06106 OSC.CO-853@CT.GOV

AGENCY AND PROPETY INFORMATION

AGENCY REFERENCE #_____ AGENCY NAME _____

PROPERTY DESCRIPTION

If more than one (1) asset/property is being reported for adjustment, all asset/property specific information should be provided on a CO-853(MA) form.

BRIEF DESCRIPTION OF PROPERTY

ASSET CATEGORY ☐ TAG # (if applicable) _____

Selectable options: **Capital** - *If selected, the Original Cost and Date of Purchase must be provided*
Controllable - *If selected the Original Cost or Current Estimated Value must be provided*
Repair/Other - *If selected the Current Estimated value or Replacement/Repair cost must be provided*

ORIGINAL COST _____
CURRENT ESTIMATED VALUE _____ DATE OF PURCHASE _____
REPLACEMENT/REPAIR COST _____

FINAL RESOLUTION

TOTAL FINAL COST PER EVENT _____
(Total cost for all assets involved with this event. For multiple assets updated CO-853(MA) should be used and attached)

ASSET RECOVERY

PREVIOUSLY REPORTED AS LOST ITEM RECOVERED ☐

DATE RECOVERED ITEM PREVIOUSLY REPORTED _____

BRIEF DESCRIPTION OF RESOLUTION

UPDATE TO PREVIOUS SUBMISSION

CONTACT INFORMATION

UNIT SUPERVISOR:

NAME
FIRST LAST TITLE

SIGNATURE EMAIL DATE

PROPERTY CONTROL MANAGER

NAME
FIRST LAST TITLE

SIGNATURE EMAIL DATE