

FLEET SERVICES

SPECIAL VEHICLE REQUEST FORM

(Requesting Department to complete the section below and submit to the Fleet Manager)

Date of Request: _____

Requesting Department: _____

Department Contact: _____ Extension: _____

Requested Vehicle Type (e.g. Sedan, SUV, 4X4 etc.): _____

Is this an additional vehicle or replacement? _____

If replacement, what is the current vehicle number: _____

Is the requested vehicle type within the standard list? : Yes No

(Vehicle standard listings are located in the Fleet Services Procedure Guide under Vehicle Standards, confirmed by Fleet Manager)

Funding Source: General Fund Fleet Interservice Fund Other: _____

Vehicle purchase cost/share in adopted budget? Yes No

Funding Index Code/ Subobject: _____

Program Use: _____

Description of Job Duties: _____

Special Requirements of Vehicle (towing capacity, cargo payload, off-road etc.):

Estimated Average Usage (days / miles per month): _____

Justification for additional and/or non-standard vehicle: _____

DEPARTMENT HEAD NAME: _____ **DATE:** _____

DEPARTMENT HEAD SIGNATURE: _____

THE SECTION BELOW IS FOR FLEET SERVICES USE ONLY

(Use this section for Replacement of vehicle only)

Replacement for Fleet Vehicle Number: _____

Current Vehicle Type/Class: _____

Estimated cost for like Type/Class vehicle: \$ _____

Requested replacement vehicle Type/Class: _____

Estimated cost for requested vehicle Type/Class: \$ _____

Cost share to requesting department budget: \$ _____

(Use this section for New Addition only)

Vehicle Type/Class Detail/Special Equipment: _____

Estimated Cost to Purchase: \$ _____

Vehicle Ownership: Department Asset Fleet Services

Alternative Fuel Options Yes No If reviewed and not selected describe below:

APPROVALS / COMMENTS:

FLEET MANAGER APPROVAL: _____ DATE: _____

DEPUTY DIRECTOR, MAINTENANCE & OPERATIONS:

APPROVAL: _____ DATE _____

DIRECTOR, DEPT. OF TRANSPORTATION:

APPROVAL: _____ DATE _____

CHIEF ADMINISTRATIVE OFFICER:

APPROVAL: _____ DATE _____