Print Form

Assigned Vehicle Replacement – Assessment 2010

Branch: _____ Name of individual completing form: _____

Department: _____ Division: _____
Phone Number: _____ Email address: _____

Vehicle Replacement Request

Assigned Vehicle #: _____ Make/Model: _____ Year: _____
Current Mileage: _____
Describe current condition of vehicle and any noted deficiencies: _____

Overall Condition: _____
Vehicle deficiencies: _____
Explain why the assigned vehicle needs replacement (check appropriate box):

- ☐ Miles over standard
- ☐ Vehicle Condition
- ☐ Vehicle does not fit the requirements of the job. (Explain in more details):

Please state the impact on your program/department if the vehicle is not replaced:

If you do not want to replace the vehicle with a like vehicle, please describe the type of vehicle needed and provide justification for the change:

Returning Assigned Vehicle – Budget Reduction

Assigned Vehicle#: _____ Make/Model: _____ Year: _____
Current Mileage: _____
Describe current condition of vehicle and any noted deficiencies: _____

Overall Condition: _____

Additional Assigned Vehicle – Request

Please indicate the type of vehicle your program, division or branch requires and provide sufficient justification for additional vehicle:

To be acquired by (check on of the boxes):

☐ Fleet Management ☐ Department, using external or internal funds, if so, provide type of funds, contract period and name, job title and phone number for contact person:

Approved by: Signature: _____

Print Name: _____