

ASSIGNED VEHICLE REPLACEMENT – ASSESSMENT 2012

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 to be replaced (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

Assigned Vehicle #: _____ Make/Model: _____ Year: _____

Current Mileage: _____

Describe current condition of vehicle and any noted deficiencies: _____

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 one 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: _____