STATE VEHICLE USE REQUEST

Directions: Complete this form at the Facilities Services Office (or employees) or the Student Life Office (for students) in order to receive the vehicle keys. Return this form to Facilities Services when returning the vehicle.

Vehicle: Make/Model: ____________________ License: ___________________

Person Checking-out Vehicle:
Name: _______________________________________ Date: ___________________
Signature: ____________________________: I acknowledge I am responsible and will be liable for ensuring College policy and procedures for using State vehicles are followed

Requested use of vehicle:
Check-out date and time: ________________________________
Return date and time: ________________________________
Location going to: ________________________________
Purpose of trip: ________________________________

Designated Driver:
Name: _________________________________ Driver's License #: ___________________
Signature: ____________________________: I acknowledge I am responsible and will be liable for ensuring College policy and procedures for using State vehicles are followed

Passengers: ___________________________________________________________________
______________________________________________________________________________

Administrative Supervisor Authorizing Requested Use of Vehicle:
Signature: ________________________________ Date: ___________________

Facilities Services Vehicle Check-in: Date and time checked in: ___________________
Vehicle clean: ___________________
Gas tank full: ___________________
Signature of checker: ___________________