

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 _____