

Vehicle Assessment 2015

Branch: _____ Name of Individual completing form: _____

Department: _____ Email Address: _____

Division: _____ Phone Number: _____

Vehicle Replacement Request

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

Current Mileage: _____

Describe current condition of vehicle and any noted deficiencies: _____

☐ Damaged ☐ Reported to Risk Mgmt / Date: _____

Explain why the assigned vehicle needs replacement (check appropriate box):

☐ Mileage _____

Vehicle condition ☐ Poor ☐ Fair ☐ Good

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: _____

☐ Damaged ☐ Reported to Risk Mgmt / Date: _____

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 contract person:
Approved by Signature: _____