

Vehicle Assessment 2018

Name of Individual completing form: _____
Branch: _____ Division: _____ Department: _____
Phone Number: _____ E-mail Address: _____ Date: _____

Vehicle Replacement Request

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

Damaged Reported to Risk Management: Date: _____

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

Milage: _____ 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 Management: Date: _____

Additional Assigned Vehicle - Request

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

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: _____