

FD&O/Fleet Management Division Vehicle & Equipment Rental Request

To:	Fleet Management Sara Burnam, Director			Date:			
c/o:	Cynthia Huggins, Au FDO-Fleet-Dispatch@	o. Support Specialist II obcgov.org		Phone: Fax:	233-4566 233-4584		
From	:						
	: Depa	rtment/Division	Name		_		
Contact Person:					Phone:		
		Reque	st Informatio	<u>on</u>			
Advant	tage Account (Required):	:					
Pick-up Date:		Time:	Return Date:			Time:	
Vehicle	e/Equipment Type:					Number of Persons:	
Destina	ation:						
Reason							
J	ed Driver/Operator*: *NOTE: The driver/operator responsible for any violation charges, parking tickets, etc.	is incurred during th					
	Department/Division	Signature of Au	thorized Sign	ner			
Print Name of Authorized Signer					(Contact Phone	
		FLEET MANA	GEMENT I	SE ONLY			
Fleet D	Department Division Coo		.SEMENT O				
	ed Asset Number:	•	Date:				
O					-		