



REQUEST TO INCREASE FLEET

*****PLEASE TYPE IN HIGHLIGHTED FIELDS**

DEPARTMENT NAME/DIVISION:

NAME OF PERSON SUBMITTING REQUEST:

DEPARTMENT DIRECTOR/DEPARTMENT HEAD (required):

PRINTED NAME:

SIGNATURE:

DATE:

-
1. Vehicle type requested: Quantity:
 2. Is this vehicle an alternative fuel vehicle? (If so, please identify type)
 3. Does this vehicle require registration?
 4. Has Department’s complete inventory been reviewed for any obsolete, out of service vehicle(s)?
 5. What is the intended use of the vehicle(s)?
 6. Other justification/explanation for this request:

Form must be completed, signed and returned to:
THE OFFICE OF STATE FLEET OPERATIONS

DENIED

APPROVED

DIVISION DIRECTOR, CAPITAL ASSET MANAGEMENT AND MAINTENANCE

DATE