

## **VEHICLE RESERVATION FORM**

(All blank areas must be completed)

Vehicle				
Date Need	ed	Time		
Date Retur	rned	Time		
Destination Purpose of				
List of peop	ple traveling in vehicle:			
Requested	by1	Phone#	Account Number	
APPROVE	D BY (Dept. Head, Div. Chairperso	on or Dean)		
	of Accompanying Faculty/Staff Mem aff member(s) must be present on trip.)	oer Cell Ph# o	of accompanying staff Da	ate
Physical Pl	lant Approval		Date	
	hour vehicle use contact security at (4 issue vehicle. When returning vehicle to the Physical doorsincluding back door of van, and mileage slip, keys, and credit cards in campus mail! Vehicles not canceled 24-hours in ad vehicle(s). All drivers must be 21 years of age an insurance agent. The process requires 2	Plant, please make turn off lights). If re the window slot of vance of the reserv nd must have a Mo	e sure the vehicle is secured (sl eturning vehicle after business h the Physical Plant. DO NOT s ved date(s) will be charged \$2 otor Vehicle Report approved b	hut windows, lock hours, please drop send keys through 25.00 per day per
I		iversity of Findlay perr	T THE RELEASE FORM BELOW:	Motor Vehicles
-	Report on my driving record before I operate a	University vehicle.		
S	Signature	Date Birth da	ate Month/Day/Year	
Ι	License Number NOTE: Complete all information above.	State	Expiration Date	_ ar
Ī	Department/Director's name	Campus phone n	umber	

\*If more than one driver: 1) run copy of form, 2) have each driver complete, 3) submit form(s) to the Physical Plant via campus mail.