



## IMPERIAL COUNTY FLEET SERVICES

1414 State Street  
 El Centro, California 92243  
 fleetservices@co.imperial.ca.us (442)265-1999

### VEHICLE REQUEST FORM

<i>Department Information</i>		
Department:	Name:	Are you requesting to change vehicle type? Yes <input type="checkbox"/> No <input type="checkbox"/> New Vehicle <input type="checkbox"/>
Account Number:	Vehicle Number:	Date:
Justification/Purpose: _____ _____ _____	<i>Vehicle Category: Please check box of requested vehicle type.</i> Sedan Midsize <input type="checkbox"/> Van Midsize <input type="checkbox"/> SUV Midsize <input type="checkbox"/> Truck Fullsize <input type="checkbox"/> Sedan Fullsize <input type="checkbox"/> Van Fullsize <input type="checkbox"/> SUV Fullsize <input type="checkbox"/> Truck Midsize <input type="checkbox"/> Other <input type="checkbox"/> Comments: _____	
<i>Requested Vehicle Specifications</i>		
Type: <i>e.g. Extended cab</i>	Anticipated Annual Mileage:	
Make:	Model:	4WD: Yes <input type="checkbox"/> No <input type="checkbox"/>
Engine Type/Size:	Special Equipment: <i>e.g. cage, light bar</i>	
Color:	Other:	
<i>CEO &amp; Board Approval</i>		
<b>CEO Approval</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  Date Approved: _____  Signature: _____	<b>NOTE:</b> Submit Vehicle Request Form with Board Agenda Fact sheet and all supporting documents to the Clerk of the Board. Once the Board of Supervisors approves the request, forward the approval to Fleet Services.  <b>CEO approval required for vehicle acquisition of \$35,000 or more.</b>	
<i>Fleet Services Use Only</i>		
Date received:	Vehicle recommendation Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date sent to bid:	_____ <i>Fleet Services Manager</i> _____ <i>Date</i>	
Date order placed:	Comments: _____	
Date for pick up:		