**Type of Lease** *(check one):* [ ]  Permanent [ ]  Seasonal

|  |  |  |
| --- | --- | --- |
| **Department:** |       |  **BILLING CODE** |
|  |  |  |  |
| **Bureau:** |       | **Fund:** |     |
|  |  |  |  |
| **Region/Division/Program:** |       | **Agency:** |     |
|  |  |  |  |
| **Department Contact:** |       | **Org:** |      |
|  |  |  |  |
| **Contact Telephone:** |       | **Appr:** |     |
|  |  |  |  |
| **Driver:** |       |  |  |
|  |  |  |
| **Driver Telephone:** |  |  **Number of miles to be driven per month** |  |
|  |  |  |
| **Location (City):** |       | **Number of days per week vehicle to be used** |   |
|  |  |  |  |
|  **Requested Pick-Up Date** : | *(mm/dd/yyyy)*             | **Estimated Return Date:** | *(mm/dd/yyyy)*            |
|  |  |  |  |
| **Explain the major purpose or use of the vehicle:** |       |

|  |
| --- |
| **Type of Vehicle Requested** |
|  |
| **[ ] CAR** | [ ]  Compact | [ ]  Intermediate | [ ]  Full Size |  |  |  |
|  |  |  |  |  |  |  |
| **[ ] TRUCK** | Size | [ ]  Compact or [ ]  Full Size | Cab Type | [ ]  Regular [ ]  Extended [ ]  Crew |
| **[ ] SUV** | Type | [ ]  4x2 or [ ]  4x4 |  *(if truck)* |  |  |  |
|  |  |  |  |  |  |  |  |
| **[ ] VAN** | Size | [ ]  Compact or [ ]  Full Size | Passenger Van Seating Capacity |
|  | Type | [ ]  Cargo or [ ]  Passenger  | [ ]  7 [ ]  8 [ ]  12 [ ]  Other:       |
|  |  |  |  |
| **If you can be flexible with the type of vehicle you can use, list the possibilities in order of preference:** |
|       |
|  |
| **If you require special conditions, please note here so they can be considered:** |
| [ ]  Towing Ability [ ]  Cap [ ]  Bed Cover [ ] Canoe Racks [ ]  Other:       |
|  |
| **If the vehicle requested is a 4x4 truck, please provide justification, including estimates of off-road usage:** |
|       |