

New Vehicle Justification

Requesting Department: _____

Program supporting: _____

Type of Vehicle Requested: _____

Details - reasons an additional vehicle is needed and what it will be used for - be specific:

Frequency of use: _____

Special Equipment Needed: _____

Department Head Name: _____

Signature: _____

Date: _____

Transportation Use Only

Approving Authority Name: _____

Signature: _____

Fleet Number Assigned: _____

Type of vehicle: _____

Class Code: _____