

Office of Emergency Management Vehicle Form

REQUESTOR

Requested By: _____ Request Date: _____

Start Date: _____ Start Time: _____

End Date: _____ End Time: _____

Who will use Vehicle: _____

Requesting the use of Emergency Lights? Yes or No

Requesting for what Purpose: _____

STEP 1

ORGANIZATION LEADER

Organization Coordinator Signature: _____

Approved: Yes or No Date Approved: _____

Organization requested from: _____

Any restrictions / Comments: _____

STEP 2

OEM

OEM Director or Designee Signature: _____

Approved: Yes or No Date Approved: _____

Approved to use Emergency Lights: Yes or No

Pick-up Vehicle Date: _____ Return Date: _____

Any restrictions: _____

STEP 3

USER

Person Using Vehicle: (Print) _____

Starting Mileage: _____ Ending Mileage: _____

Fuel Used: _____

Any Problems / Damage / Repairs: _____

STEP 4

RETURN THIS FORM TO OEM WHEN USE OF VEHICLE IS COMPLETED.