



## Vehicle Request Form

To reserve the College-owned passenger car or a rental vehicle(s), please complete and submit this Vehicle Request Form and the Driving Record Review Authorization Form (if one is not already on file) along with a photocopy of your driver's license (for rental vehicle, if not already on file) to:

Valerie Wenger, Facilities Operations Secretary, PO 117, [vwenger@wccnet.edu](mailto:vwenger@wccnet.edu), Fax: 734.677.5475, O: 734.677.5300

**PLEASE NOTE: REQUESTS WILL BE ACCEPTED NO EARLIER THAN 30 CALENDAR DAYS BEFORE VEHICLE(S) IS NEEDED AND NO LATER THAN 7 CALENDAR DAYS IN ADVANCE.**

DAY and Date Vehicle Required: \_\_\_\_\_ Time: \_\_\_\_\_

DAY and Date Vehicle Returned: \_\_\_\_\_ Time: \_\_\_\_\_

Destination: \_\_\_\_\_

Destination Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Number of Persons to be Transported: \_\_\_\_\_ **ROUND-TRIP MILEAGE:** \_\_\_\_\_

Purpose: \_\_\_\_\_

Type of Vehicle(s) Requested (e.g., one 12-passenger van or two 10-passenger vans, etc.) \_\_\_\_\_

It is the responsibility of the requestor to allow only the approved licensed drivers listed below to operate the vehicle(s).

**Driver's Name(s) & Email Address:**

Name	Driver's email address:
Name	Driver's email address:
Name	Driver's email address:

<b>Requested By:</b>	<b>Date of Request:</b>
<b>Campus Address:</b>	<b>Phone:</b>
<b>Dean or Executive Officer Approval:</b>	<b>Requestor's Department Name &amp; Org. Number:</b>

**Facilities Management Use Only**

Vehicle Assigned	Assigned By	Date
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