



Vehicle Request Form

To reserve the College-owned passenger car or a rental van(s), please complete and submit this Vehicle Request Form and the Driving Record Review Authorization Form (if one is not already on file) to:

Valerie Wenger, Facilities Operations Secretary, DF 117, 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.

PLEASE CONTACT US AS SOON AS POSSIBLE IF YOU NEED TO CANCEL OR RESCHEDULE YOUR RESERVATION.

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: _____

of Vehicles needed (max of two 15-passenger vans allowed): _____

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:

Requested By:	Date of Request:
Campus Address:	Phone:
Dean or Executive Officer Approval:	Requestor's Department Name & Org. Number:

Facilities Management Use Only

Vehicle Assigned	Assigned By	Date
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