

DEPARTMENT

## DIVISION

OPERATOR'S HEADQUARTERS ADDRESS

VEHICLE LICENSE

REPORTING PERIOD

MILEAGE FOR REPORTING PERIOD

PERCENTAGE OF USE BY PRIMARY OPERATOR

NUMBER OF WORKDAYS  
VEHICLE AVAILABLE[illegible]PERCENT OF AVAILABLE  
DAYS

PRIMARY OPERATOR'S NAME

TITLE

HOME ADDRESS

## NATURE OF USAGE

What is the justification for vehicle being primarily assigned to this operator? Describer operator's duties as they relate to the use of this vehicle.

Are other means available to meet this need?

☐ NO      ☐ YES      If yes, why are the other means of transportation not utilized?

### DEPARTMENTAL ACTION

☐ Departmental Pool

☐ General Services Pool

☐ To different primary assignment which will better utilize vehicle

☐ Other

## SUBMITTED BY

PRINT OR TYPE NAME

TELEPHONE NUMBER

DATE \_\_\_\_\_

PRINT OR TYPE NAME

DATE \_\_\_\_\_