



Fleet Card Request Form

VEHICLE INFORMATION

Equipment # _____

License Plate # _____

Fuel Card # _____

REASON FOR REQUEST

- Lost
- Stolen
- Damaged
- New Vehicle

DRIVER INFORMATION

Agency / Dept. _____

Name _____

E-mail _____

Phone _____

Office Address (Required if not picked-up, No P.O. Box)

Street Address _____

City, State, & Zip _____

Special Instructions

Office Use

Date Card Ordered: _____

Date Office Received: _____

Date Driver Contacted: _____

Date Card Mailed Picked up : _____

Fuel Card # _____