



**FLEET MANAGEMENT OFFICE
VEHICLE REQUEST
TEMPORARY 'CF' DAILY USE RESERVATION**

*****8 Ydh _____

Division: _____

Primary Driver: _____

Reason for Travel: _____

Location: _____

Departure Date: _____ **Departure Time:** _____

Return Date: _____ **Return Time:** _____

Work Phone: _____ **Cell Phone:** _____

ICE Contact Name: _____

ICE Phone 1: _____ **ICE Phone 2:** _____

Comments:

Record retention and disposition: Information on this form will be secured in accordance with all applicable state or Federal requirements related to the privacy and confidentiality of information, including HIPAA Privacy Guidelines and destroyed/deleted upon successful return of the vehicle/s and key/s to FMO.

Form: DOA-FM-003

Revised: (FFA as CFF)

ENABLING STATUTE: WV Code §5A-3-48 through 5A-3-53

REGULATORY AUTHORIZATION: Code of State Rules 148 CSR 3