



FLEET MANAGEMENT OFFICE VEHICLE REQUEST TEMPORARY/DAILY USE RESERVATION

"Click" on each field for a description of information needed

Agency: _____

Division: _____

Primary Driver: _____

Reason for Travel: _____

Location: _____

Number of Passenger(s): _____

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: (7 June 2012)
ENABLING STATUTE: WV Code §5A-3-48 through 5A-3-53
REGULATORY AUTHORIZATION: Code of State Rules 148 CSR 3