

Fleet Vehicle Reservation/User Agreement Form

Please Print

This form must be filled out completely and forwarded to the DPS office at dps@centenary.edu for review and approval at least 1 week prior to your event. You will be notified, of the status of your request, within 24 hours of receipt of its submission.

REQUESTOR INFORMATION:

Date: _____

Requestor: _____

Phone #: _____

Department: _____

ORG: _____

VEHICLE INFORMATION:

Vehicle(s) requested: _____

PURPOSE OF REQUEST:

Destination: _____

Purpose of request: _____

Pick up Date: _____ Time: _____

Return Date: _____ Time: _____

Number of Passengers: _____

DRIVER INFORMATION:

Driver# 1: _____ DOB: _____

Lic#: _____ State: _____ Exp. Date: _____

Driver# 2: _____ DOB: _____

Lic#: _____ State: _____ Exp. Date: _____

By completing and signing the reservation form, I agree to follow all procedures in utilizing a Centenary College owned fleet vehicle. Remember it is the user's responsibility to inspect the vehicle and note any concerns upon checkout, and to refuel, clean, and inspect the vehicle upon return. Thank you - Happy Driving

Requestor Signature: _____ Print Name: _____

Dpt. Head Signature: _____ Print Name: _____

Office of DPS Signature: _____ Print Name: _____