

REQUEST FOR NEW OR REPLACEMENT LONG-TERM ASSIGNED VEHICLE

Use this form when these criteria are met:

1. Vehicle will be rented for more than 30 days.
2. Vehicle will be driven more than 2,000 miles per year OR used at least 80% of normal work week (i.e., 4 out of 5 days in a 5-day work week).
3. If usage criteria above will not be met, please explain in detail.

Send completed form via
email to Fleet Services:

fsrent@uw.edu

Client Request Section:

Name of Requestor	Title	Email
Department	Campus Mail	Phone
Name of Person Responsible for approving long term lease	Title	Email
Worktag Codes	Projected Vehicle Annual Usage _____ miles/year	
Replacement/New Assignment: (Select one option to the right)	___ Replacement for currently assigned vehicle#: _____	___ Request is to add an assigned vehicle to our department
Type of Vehicle Requested: (select one option or write in under "other")	Passenger Vehicle: (lifecycle 8 yrs) Sedan / Minivan / SUV Pickup Pickup Truck: (lifecycle 8 yrs) Compact / Fullsize / Crewcab Utility Vehicle: (lifecycle 11 yrs) Box truck / Step Van / Pickup truck w/ specialty utility body	Other: (specific model if known)
Specialized Equipment/Modification: Budget to charge for specialized equipment: _____		
Purpose: (vehicle will be used for...)	Lease Period: Begin Date	End Date: (leave blank if vehicle is to be used for its full lifecycle)
AUTHORIZATION: Two signatures are required. Include job titles. These signatures must be persons authorized to give approval.		
_____ Signature of Requestor		_____ Date
_____ Signature of Department Head or Director (Authorized to sign Long Term Vehicle Lease)		_____ Date