	F	Oklahom leet Vehicle As					n	
Date: Click here to enter a date.	Name of Requestor: Click here to ent			er text.	Facility Assignment: Click here to enter text.			text.
Request for Vehicle: Choose an item.		Type of Veitem.	Type of Vehicle Needed: Chitem.				nted Monthly Mileage Usage: re to enter text.	
Reason Vehicle	Needed: Click	k here to enter t	ext.					
Reassignment of Vehicle: Choose an item.		From (Fac	From (Facility): Click he		here to enter text. To (Facil		lity): Click here to enter text.	
Trade In Vehicle				Surplus			Vehicle	
Year: Click here to enter text. Milea		_	ge: Click here to enter		Year: Click here to enter text.		Mileage: Click here to enter text.	
		del: Click here	I: Click here to enter		Make: Click here to enter text.		Model: Click here to enter text.	
Condition: Choose an Control			ol #: Click here to		Condition: Choose		Control #: Click here to enter text.	
Emergency Items Removed from Vehicle: (Select apply.)			lect all that	Items Removed from Vehicle:				
□Radio Equipment □Lights □Siren □Other: Click here to enter text.					□Agency Decals/Stickers □State Decals/Stickers □Fleet Paperwork (Glovebox) □Pikepass □Other: Click here to enter tex		□Gas Card □License Tag □Safety Roadside Equipment	
s	ummary of	Known Proble	ems or Is	sues wit	h Vehicle	and Estir	mated Value:	
Click here to enter								
Estimated Cost of Repairs: Click here to enter text.		lick here to	Repair Quote Available? (attach pictures) Choose an item.					
			Click here to enter text.			Click here to enter a date.		
Fleet Manager			Printed Name (or typed)			Date		
			Click here to enter text.			Click here to enter a date.		
Administrator of Fleet			Printed Name (or typed)			Date		