



SUPPORT SERVICES DIVISION

VEHICLE REQUEST

DATE: _____

NAME: _____ DEPT: _____

DESTINATION: _____

DATE OF TRIP: _____ DEPARTURE TIME FROM CNM: _____

OBJECTIVE OF TRIP: _____

VEHICLE PICKUP TIME: _____ NBR PASSENGERS: _____

RETURN TIME TO CNM: _____ DATE: _____

Reserved vehicles will be returned to motor pool service two hours past reservation pick up time if arrangements are not made to hold the reservation. Once the reservation is lost, individuals will be issued a vehicle based on availability.

DRIVER'S SIGNATURE (DRIVER #1)

DRIVER'S SIGNATURE (DRIVER #2)

DRIVER(S) INFORMATION

EMAIL ADDRESS: _____ CONTACT PHONE NUMBER: _____

DRIVER'S DEFENSIVE DRIVING CERT. NUMBER *

SUPERVISOR'S SIGNATURE

TRANSPORTATION CONFIRMED: _____
Parking Supervisor

***NOTE:** CNM Parking policy requires that drivers of State licensed vehicles be currently certified in defensive driving. Please submit copy of Drivers License and copy of Defensive Driving Certificate request. Current defensive driver certificates are verified before approval.