Fleet Management
2955 Van Buren Street
Fort Myers, FL 33916

EQUIPMENT/ VEHICLE ACQUISITION REQUEST FORM

SECTION A:

DEPARTMENT:		**REQUEST DATE:**
REQUESTED BY:	**EMAIL:**	**PHONE:**
VEHICLE/EQUIPMENT TYPE REQUESTED:		

SECTION B:

REQUEST TYPE: New ☐ or Replacement ☐	**REPLACED ASSET TO BE: Retained by Department ☐ or Returned as Surplus ☐**	
REPLACED ASSET #:	**MODEL YEAR:**	**CURRENT MILES/METER:**
MAKE:	**MODEL:**	**NOTES:**
IF RETAINING, EXPLAIN INTENT:		

SECTION C:

REQUESTED VEHICLE/EQUIPMENT INCLUDED IN CURRENT FISCAL YEAR REPLACEMENT FUND BUDGET: Yes ☐ or No ☐
IF NO, EXPLAIN:
JUSTIFICATION FOR NEW ACQUISITION:
DESCRIBE ALTERNATIVES TO REPLACEMENT CONSIDERED:
EXPLAIN NEGATIVE IMPACT IF ACQUISITION IS NOT APPROVED:
ESTIMATED TOTAL COST OF ACQUISITION: $

FLEET

SECTION D (FOR FLEET MANAGEMENT USE ONLY):

FLEET SPEC #:		
LIFE TO DATE MAINTENANCE COSTS:	**METER:**	**TOTAL POINTS:**
CONTRACT TYPE: State of Florida ☐ Florida Sheriff's Association ☐ Sourcewell/NJPA ☐ Other:		
VENDOR:	**VENDOR PRICE:**	

SECTION E:

FUNDING SOURCE INFORMATION	
☐ **Replacement Fund:**	
☐ **Capital Account String:**	
☐ **Other Account String:**	
Operating Costs Account String for Maintenance/Repairs:	**Fuel:**
Fiscal Staff/Budget Analyst Signature:	**Date:**

Fixed Asset Property Clerk Name:	**Custodian #:**
Area #:	**Site/Building Code:**

APPROVAL SEQUENCE

_____ _____

REQUESTED BY **DATE**

1. _____ _____

SUPERVISOR/MANAGER **DATE**

2. _____ _____

DEPARTMENT DIRECTOR **DATE**

3. _____ _____

FLEET RESOURCE MANAGER **DATE**

4. _____ _____

FLEET DIRECTOR **DATE**

5. _____ _____

COUNTY MANAGER/DESIGNEE **DATE**

(Required if over $50,000.00)

FLEET

SECTION F:

DESIGNATED DRIVER/OPERATOR OF EQUIPMENT:	
ESTIMATED USE OF EQUIPMENT: Days of Week: Hours/Day:	
ESTIMATED ANNUAL USE: Mileage: Hours:	
EQUIPMENT STORAGE LOCATION:	**TAKE HOME VEHICLE? ☐ Yes or ☐ No**
SIZE/WEIGHT RESTRICTIONS: ☐ Yes or ☐ No *If Yes, please specify (Examples: must fit under 15 foot overhang, must NOT require a CDL license, will be hauled with a 7000 lb GVWR trailer)*	
BRIEFLY DESCRIBE SPECIFIC ACTIVITIES/TASKS TO BE PERFORMED WITH REQUESTED EQUIPMENT/VEHICLE:	

SECTION G:

COUNTY VEHICLE STANDARD OPTIONS: Air Conditioning, AM/FM Radio, Automatic Transmission, Rear Anti-Lock Brakes			
Select all requested options:			
☐ SEDAN ☐ SUV ☐ 2-DOOR ☐ 4-DOOR ☐ VAN ☐ CARGO ☐ PASSENGER	☐ PICKUP TRUCK ☐ REGULAR CAB ☐ EXTENDED CAB ☐ CREW CAB ☐ CAB & CHASSIS ☐ 2-WHEEL DRIVE ☐ 4-WHEEL DRIVE	☐ ¼ TON ☐ ½ TON ☐ ¾ TON ☐ 1 TON ☐ >1 TON ☐ SINGLE RW ☐ DOUBLE RW	☐ GASOLINE ☐ DIESEL ☐ 6-CYLINDER ☐ 8-CYLINDER ☐ 10-CYLINDER ☐ FLAT BED ☐ UTILITY BODY
☐ SEATS- CLOTH ☐ SEATS-VINYL ☐ POWER WINDOWS/LOCKS ☐ TILT STEERING WHEEL ☐ CRUISE CONTROL ☐ BLUETOOTH CONNECT ☐ TIRES- ALL TERRAIN	☐ PLASTIC BED-LINER ☐ SPRAY-IN BED-LINER ☐ LONG BED ☐ SHORT BED ☐ FLOOR MATS- RUBBER ☐ FLOOR MATS- CARPET ☐ TOW PACKAGE	☐ TRAILER HITCH RECEIVER ☐ ARROW BOARD ☐ CONE HOLDER ☐ TOOL BOXES ☐ WORK LIGHTS ☐ WATER COOLER HOLDER ☐ CAB STEPS	☐ 4-CORNER STROBES ☐ AUXILLARY 12v PLUG ☐ MOUNTED WINCH ☐ BACK-UP ALARM ☐ LIMITED SLIP ☐ BULK FUEL TANK W/PUMP (DIESEL OR UNLEADED)
OTHER (Please list options needed not listed above):			
****NOTE**** *If any additional equipment is required, please list all items in this request. If possible, Fleet will order everything as a single package which minimizes turnaround time for new equipment delivery.*			
WHAT, IF ANY, SPECIAL OPTIONS OR ACCESSORIES ARE REQUIRED? Please check all appropriate options above and list any additional options on the lines below: i.e. lift gates, 50' telestick boom, emergency lighting package, light-bar, 60" hydraulic rotary mower, etc. Please attach brochures if applicable*:*			
WILL ANYTHING BE ADDED TO THIS PIECE OF EQUIPMENT BY YOUR DEPARTMENT AFTER DELIVERY? PLEASE SPECIFY BELOW:			

FLEET