

EQUIPMENT AND VEHICLE REQUEST FORM

DIVISION OF FLEET MANAGEMENT

(PLEASE PRINT OR TYPE) Revised 8/2016

Department/Division: _____

Requested By: _____ Phone #: _____

What type of equipment/vehicle being requested? _____

Asset being replaced: Asset #: _____ Yr: _____ Make: _____ Model: _____ Meter: _____

Was this equipment/vehicle included in departments/replacement fund budget for the current fiscal year?
 Yes No

If No, why? _____

Estimated cost of equipment/vehicle \$ _____

This request is for a NEW REPLACEMENT equipment/vehicle?

Equipment/vehicle being replaced will be: Kept by department Turned in for surplus/auction

If kept, why? _____

REQUESTED BY

DATE

SUPERVISOR/MANAGER

DATE

DEPARTMENT DIRECTOR

DATE

COUNTY MANAGER/DESIGNEE
(Required if over \$50,000.00)

DATE

FLEET OPS MANAGER

DATE

FLEET MANAGER

DATE

For Fleet Use Only

Fleet Spec # _____ Initials _____

Life-to-date maintenance costs \$ _____ Meter _____ Total Points _____

State of Florida Contract

Florida Sheriff's Contract

NJPA Contract

_____ Vendor _____ Vendor's Price _____

Funding information: Replacement Fund: _____

Capital Account String: _____

Other Account String: _____

Operating Costs Account String for Maint./Repairs: _____ Fuel: _____

FISCAL STAFF/BUDGET ANALYST SIGNATURE _____ DATE _____

Fixed asset property clerk name: _____ Custodian number: _____

Area number: _____ Site/Building code: _____

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Driver/Operator of this piece of equipment: _____

Days and hours this piece of equipment will be used: _____

Location the equipment will be parked: _____

What is the estimated annual usage? Mileage _____ Hours _____

Will this be a take home vehicle? [] Yes [] No

Describe the specific activities/tasks that will be performed with the requested equipment/vehicle.

Are there any size or weight restrictions Fleet needs to be aware of? [] Yes [] 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)

All County vehicles are ordered with the following standard options:
Air Conditioning, AM/FM Radio, Automatic Transmission, Rear Anti-Lock Brakes.

Select all appropriate boxes:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Sedan | <input type="checkbox"/> Pickup truck | <input type="checkbox"/> ¼ Ton | <input type="checkbox"/> Gasoline |
| <input type="checkbox"/> SUV | <input type="checkbox"/> Regular Cab | <input type="checkbox"/> ½ Ton | <input type="checkbox"/> Diesel |
| <input type="checkbox"/> 2 Door | <input type="checkbox"/> Extended Cab | <input type="checkbox"/> ¾ Ton | <input type="checkbox"/> 6 Cylinder |
| <input type="checkbox"/> 4 Door | <input type="checkbox"/> Crew Cab | <input type="checkbox"/> 1 Ton | <input type="checkbox"/> 8 Cylinder |
| <input type="checkbox"/> Van | <input type="checkbox"/> Cab & Chassis | <input type="checkbox"/> Single RW | <input type="checkbox"/> 10 Cylinder |
| <input type="checkbox"/> Cargo | <input type="checkbox"/> 2 Wheel Drive | <input type="checkbox"/> Dual RW | <input type="checkbox"/> Flat Bed |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> 4 Wheel Drive | <input type="checkbox"/> Cab Steps | <input type="checkbox"/> Utility Body |
| <input type="checkbox"/> Seats – Cloth | <input type="checkbox"/> Plastic Bed-Liner | <input type="checkbox"/> Trailer Hitch Receiver | <input type="checkbox"/> 4-Corner Strobes |
| <input type="checkbox"/> Seats – Vinyl | <input type="checkbox"/> Spray in bed liner | <input type="checkbox"/> Arrow Board | <input type="checkbox"/> Auxiliary 12-Volt Plug |
| <input type="checkbox"/> Power Win/Locks | <input type="checkbox"/> Long Bed | <input type="checkbox"/> Cone Holder | <input type="checkbox"/> Mounted Winch |
| <input type="checkbox"/> Tilt Steering Wheel | <input type="checkbox"/> Short Bed | <input type="checkbox"/> Tool boxes | <input type="checkbox"/> Back up Alarm |
| <input type="checkbox"/> Cruise Control | <input type="checkbox"/> Floor – Rubber | <input type="checkbox"/> Work Lights | |
| <input type="checkbox"/> Limited Slip | <input type="checkbox"/> Floor – Carpet | <input type="checkbox"/> Water cooler Holder | |
| <input type="checkbox"/> Tires – All Terrain | <input type="checkbox"/> Tow Package | <input type="checkbox"/> Bulk Fuel Tank W/Pump (Diesel or Unleaded) | |
| <input type="checkbox"/> Other. Please list needed equipment not listed above: _____ | | | |

****NOTE** If you need any additional equipment added to this order, please list all the different items. We will order everything we can as one package. This will minimize the turn around time when the new equipment comes in.**

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' telescopic 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.