

Vehicle Request Specification Form

Vehicle Type: (Please Check)

Sedan

Wagon

Passenger Van

Truck

Cargo Van

SUV

Other _____

Would you consider an Alternative Fuel Vehicle (AFV)

Need by Date: _____

Make: _____ Model: _____

Seating Capacity: _____

Fuel Type: (Please Check)

Diesel

Gasoline

Alternative Fuel

Registration: (Please Check)

Passenger

Combination

Commercial

Color: (Please Check)

Blue

White

Purchase or Lease?

If Lease checked:

Reason: _____

Length of lease: _____

Mileage needed: _____

Options: (Check all desired options)

Tow Package

Power Door

Power Lock

Power Window

Other: _____

Other Notes: _____