



Permanent (One Year or More) Increase to Fleet Request

Part 1: Office/Department Information

Department Name: _____ Date: _____

Name of Department Equipment Coordinator/Staff: _____

E-mail Address of Staff: _____ Phone #: _____

Part 2: Equipment Information

Make/Model	Year	Initial Odo(meter)	Color

Fuel Type: Gasoline
 Diesel
 Hybrid
 Other

(specify) _____

Part 3: Justification Category

(Select one (1)): Seized Forfeited Other (specify) _____

Part 4: Approval Authority (To be completed by Equipment Services Department)

A. The Court: Accepted/Approved on _____
Date

Rejected/Disapproved on _____
Date

B. Equipment Services Department: Reviewed Equipment History on _____
Date

Approved Disapproved Additional Info

Equipment Added to Fleet on _____
Date

Additional Information Required: _____

