



Plate Number _____
Make/Model _____
Month / Year _____

Agency Name: _____ Unit Code: _____

Usage Type: _____
(circle one) Pool Assigned Seasonal Emergency

Driver Name: _____				Vehicle Condition (check vehicle both before & after use, then circle all that apply) -->	No Damage Existing Damage New Damage (attach details separately)
Start Date:	Start Time:	End Date:	End Time:		

Driver Name: _____				Vehicle Condition (check vehicle both before & after use, then circle all that apply) -->	No Damage Existing Damage New Damage (attach details separately)
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