

VEHICLE USAGE FORM

Group: _____

Contact Person: _____ Phone: _____

Vehicle: *(Please check appropriate choice)*

Day/Date(s) Needed: _____

Start Time: _____ Return Time: _____

Approved Driver(s): _____

Key Person Or Elder in Charge: _____

Reason For Use: _____

Destination: _____

FOR OFFICE USE ONLY

Vehicle Available: _____

Date Approved: _____

Scan & email to Eugene: _____

Notify requester: _____