



REQUEST FOR VEHICLE USE FORM

Current Date: _____ Requested Date (s) of Use: _____ to _____

Requested Pick Up Time of Vehicle: _____ a.m. p.m. Requested Drop Time of Vehicle: _____ a.m. p.m.

Group Requesting Use: _____ Person Responsible: _____

Phone: () _____ Email: _____

Destination: _____ Reason for Use: _____

Driver (s): (No Student Drivers)

Name: _____ Driver License Number: _____

CURRENT TYPE 10 OR 20 CERTIFICATION: YES NO

Name: _____ Driver License Number: _____

CURRENT TYPE 10 OR 20 CERTIFICATION: YES NO

Please indicate which vehicle(s) you would like to use:

- Dodge Durango * (Seats 7) GMC Yukon *** (Seats 8)
468 15 FT. Box Truck *** 469 15 FT. Box Truck ***
Type 20 Activity Vehicle (Seats 14 + Driver) **

30 days prior to requested use, please complete this form and email it to giese@hsd.k12.or.us. Confirm reservation by telephone (Option 5) or email 24 hours prior to departure. Obtain keys from the Transportation Dispatch Office. Return vehicle clean with a full tank of fuel. Report any problems with the vehicle to the office immediately. Any damage to the vehicle will be billed to the department using the vehicle. Please unsync cell phones from hands free prior to return. Initial:

*DURANGO VEHICLE MAY BE USED TO TRANSPORT STUDENTS. FOR STUDENT TRANSPORT, CURRENT TYPE 10 CERTIFICATION IS REQUIRED. Initial: NUMBER OF STUDENTS BEING TRANSPORTED:

**Activity Vehicle MAY BE USED TO TRANSPORT STUDENTS. FOR STUDENT TRANSPORT, CURRENT TYPE 20 CERTIFICATION IS REQUIRED. Initial: NUMBER OF STUDENTS BEING TRANSPORTED:

***YUKON VEHICLE CANNOT BE USED TO TRANSPORT STUDENTS IN ACCORDANCE WITH ODE REGULATIONS. Initial:

***Box Truck – NOT for student transport. Initial: VEHICLE FOR DISTRICT USE ONLY. Initial:

Driver's Signature: _____ Date: _____

Return this form and keys to the transportation Dispatch Office after vehicle use. Vehicle use is subject to Transportation needs that take priority. *Please indicate billing information below. Initial:

BUDGET CODE: _____

THIRD PARTY BILLING:
Company to be billed: _____ Contact Person(s): _____

Address: _____ Phone & Email: _____

FOR TRANSPORTATION OFFICE ONLY

Request Approved By: Print Name: _____ Signature: _____ Date: _____