



FLEET MANAGEMENT SERVICES
TAKE HOME VEHICLE REQUEST FORM



Per Bulletin 2.3: "Taking a state vehicle home in excess of 30 days per year requires the written approval of the Secretary of Administration through the Commissioner of Buildings and General Services,". Buildings and General Services must be notified of all FMS vehicles being used as a *take home* vehicle by an employee of the state. **NOTE, if anything changes with this designation please notify FMS so are records are accurate.**

VEHICLE INFORMATION

License Plate Number: _____ Make: _____ Model: _____ Year: _____

AGENCY/DEPARTMENT INFORMATION

Requesting Agency/Department: _____ Date: _____

Driver Name: _____ Title: _____ Email: _____

Main Contact: _____ Phone Number: _____ Email: _____

PARKING INFORMATION

Parking location Saturday / Sunday or between 7pm and 5am. Please include the complete address.

Street: _____ Town: _____ State: _____ Zip Code: _____

VEHICLE USE INFORMATION

Is this vehicle being used as a *take home* vehicle, as described above, by additional drivers: Yes No

If yes, please complete page 2 of this document.

REQUEST JUSTIFICATION

Describe the nature of the employee's duties or activities that necessitate housing the vehicle at the employee's residence. Also, describe any employee and/or vehicle/property security concerns.

FMS POLICIES

By signing this request, the undersigned agrees to have the employee abide by all of the policy set forth by FMS and AOA Bulletin 2.3. For a complete list visit our website: http://bgs.vermont.gov/business_services/fleet/operation

SIGNATURE AND APPROVAL

Request Approved by Agency / Department Head

Signature: _____ Date: _____

Secretary of Administration or Designee Approval

Name: _____ Title: _____ Department: _____

RETURN COMPLETED FORM WITH A COVER LETTER FROM THE DEPARTMENT HEAD TO PENNY TOUCHETTE: fleet.services@vermont.gov OR THE ADDRESS LISTED BELOW



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ADDITIONAL DRIVER INFORMATION

The address we are looking for is the parking location Saturday/Sunday or between 7pm and 5am. Also, under Request Justification, Describe the nature of the employee's duties or activities that necessitate housing the vehicle at the employee's residence. Finally, describe any employee and/or vehicle/property security concerns.

DRIVER #2

Name:	Title:	Email:	
Street:	City:	State:	Zip Code:

Request Justification:

DRIVER #3

Name:	Title:	Email:	
Street:	City:	State:	Zip Code:

Request Justification:

DRIVER #4

Name:	Title:	Email:	
Street:	City:	State:	Zip Code:

Request Justification:

ADDITIONAL QUESTIONS / COMMENTS / CONCERNS
