



**COUNTY OF GALVESTON**  
**FLEET SERVICES**  
VEHICLE REQUEST FORM



Date: \_\_\_\_\_ Department: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

Department Head: \_\_\_\_\_ Requestor: \_\_\_\_\_

Funding Source: \_\_\_\_\_

**Vehicle To Replace**

Unit Number: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ Mileage: \_\_\_\_\_

Optional Equipment: \_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requested Vehicle**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Optional Equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Head(print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Fleet Use**

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Budget Approval: \_\_\_\_\_ Court Approval: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Vendor: \_\_\_\_\_ Date Received: \_\_\_\_\_