

## *UTAH COUNTY VEHICLE RENTAL FORM*

Name of Department: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

Budget Account No: \_\_\_\_\_

Date Needed (MM/DD/YY): \_\_\_\_\_

Time Needed: \_\_\_\_\_ Beginning Mileage: \_\_\_\_\_

Time Returned: \_\_\_\_\_ Ending Mileage: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

The renting division agrees to exercise all reasonable care while using a county vehicle. The driver will be responsible for all moving traffic citations while operating county vehicles. Except for Acts of God, mechanical failure, or identifiable third party accident fault, the renting division will return county vehicles in the same condition as received, less normal wear and tear. All accidents will be reported immediately to the motor pool.

Cost of gasoline will be paid by the department unless gas receipts are turned in to motor pool.

**24 hour** notice of cancellation. No shows will be charged **\$12.00**.

Departments will be charged from the sign-out time to the sign-in time.

As department head, I certify my employee does have a current driver's license and has completed all county requirements to operate a county motor vehicle and shall obey the county motor vehicle policy. The employee is also authorized to take passengers.

Department Head Signature \_\_\_\_\_