



Dallas County Shared Services Program - Loaner Request Form

Forward the completed form to the Consolidated Services Department via email or fax.

ATTN: Cherise De Los Santos; Automotive Service Center Fleet Manager

Email: Cherise.DeLosSantos@DallasCounty.Org

Fax: (214) 653-6529

Department :		Division:					
Requestors Name (as it appears on payroll):		Title:					
Vehicle Use Dates Requested:		Contact Phone:					
		Contact Email:					
ACCESS TO LOANER VEHICLES IS LIMITED TO AUTHORIZED PERSONS FOR AUTHORIZED PURPOSES IN ACCORDANCE WITH DALLAS COUNTY'S VEHICLE AND EQUIPMENT USE POLICIES.							
It is the responsibility of the requestor to review all Dallas County vehicle use policies, procedures, and driver handbooks. In addition to following County policies and procedures, the <u>requestor</u> is responsible for the following: - Obeying all traffic laws and posted speed limits - Avoiding all tollways (Report if tolls are used) - Document and notify ASC of any damage - Vacuum, clean, and wash prior to drop off - Refueling the vehicle to FULL - Returning vehicle to designated parking space							
<u>Acknowledgments/Certifications:</u> I understand and acknowledge Dallas County's Chapter 90 of the Vehicle Use Policy. I also confirm that I have authorization per my department head to check out this vehicle for the sole purpose of performing Dallas County duties. I certify that the information herein is true and correct.							
Requestor: <table border="1"><tr><td>Printed Name:</td><td>Title:</td></tr><tr><td>Signature:</td><td>Date:</td></tr></table>				Printed Name:	Title:	Signature:	Date:
Printed Name:	Title:						
Signature:	Date:						
Authorized by: <table border="1"><tr><td colspan="2">Elected Official/Department Head:</td></tr><tr><td>Signature:</td><td>Date:</td></tr></table>				Elected Official/Department Head:		Signature:	Date:
Elected Official/Department Head:							
Signature:	Date:						
<u>Additional Comments:</u>							
OFFICE USE ONLY <table border="1"><tr><td>Date Received: _____</td><td>Processed by: _____</td><td>Date Processed: _____</td></tr></table>				Date Received: _____	Processed by: _____	Date Processed: _____	
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