

**FLEET SERVICES DIVISION**  
**REQUEST FOR LONG TERM ASSIGNED VEHICLE**

**\*THIS FORM IS TO REQUEST ADDITIONAL VEHICLES ONLY\***  
(Fleet Services has a replacement cycle in place for existing leased vehicles)

**Direct questions to the Fleet Services Administrator**  
**775-684-1880 or [Carsonfleet@admin.nv.gov](mailto:Carsonfleet@admin.nv.gov)**

Dept: \_\_\_\_\_ Agency: \_\_\_\_\_

Budget Account: \_\_\_\_\_ Funding Source:  General Fund  HWY Fund  Other

**Type of vehicle requested (check one):**

Sedan Compact QTY \_\_\_\_  Sedan Intermediate QTY \_\_\_\_  Sedan Full Size QTY \_\_\_\_  
 SUV 6 Passenger QTY \_\_\_\_  SUV 8 Passenger QTY \_\_\_\_  Minivan 7 Passenger QTY \_\_\_\_  
 VAN 12 Passenger QTY \_\_\_\_

Specialty vehicles (contact Fleet Services before proceeding)

Pickup Truck (enter vehicle description code e.g., 201) \_\_\_\_\_ QTY \_\_\_\_

\*Description codes are located on the Fleet Services website at <http://fleetservices.nv.gov>

Do you require specialized equipment for example a camper shell, lift gate, bed slide, service body etc.:

Yes  No

Please provide description:

Briefly describe usage:

Estimated date vehicle is required: \_\_\_\_\_

City vehicle based in: \_\_\_\_\_

\*Will this request comply with SAM 1322 Vehicle Utilization Requirements Yes  No

Contact Information (mandatory):

Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Department Authorization:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_