

Fleet Services Division
MP-8 / Shuttle Ride Request Form
(Alteration of this form is prohibited)

Department: _____

Division: _____

Pick up Date/Time: _____ Flight # _____
(from airport)

Building Destination: _____ Building Name _____

Return Date/Time: _____
(to airport)

Building for pickup: _____ Building Name _____

Contact Name & Phone: _____

Email Address: _____ Fax NO: _____

Fiscal Email Address: _____
(mandatory) *Please Print or Type

Rider's Name: _____

Rider's Phone Number: _____

Phone/Fax:

Email/Address:

Las Vegas (702) 486-7050
Fax: (702) 486-7042

Vegasfleet@admin.nv.gov
7060 La Cienega St LV



CONTRACT TERMS AND CONDITIONS: The requesting agency, its employees, agents, and guests agree to follow Fleet Services' rules and guidelines while being transported. This includes following the instructions of the driver and complying with all of Fleet Services' paperwork requirements before the transport occurs. The requesting agency is financially responsible for all abuse or damage to the vehicle, less normal wear and tear, caused by it, its employees, agents, and/or guests and no other passengers other than the requesting agency's employees, agents, and/or guests should be in the vehicle. Fleet Services will do its best to provide a smooth, timely transportation experience, but it cannot control nor be held liable for Acts of God, mechanical failure, roadway obstruction, weather, flight delays, flight cancellations, or identifiable third-party accident fault. If the requesting agency, its employees, agents, and/or guests require specialized transportation services, they must provide adequate notice to Fleet Services beforehand so preparations can be made.