

VEHICLE USAGE REQUEST FORM

**Please complete and return this form at least two (2) days in advance to:
Facilities & Operations, Department Lisa Strzyzkowski at
lisa.strzyzkowski@berrienresa.org**

- T2 White Van**
- Seats Upright Position**
- Seats Stowed Away**

We will try to accommodate all requests. However, at times there is a heavy demand for the vehicle. Please try and schedule the vehicle as far ahead as possible.

REMEMBER – FIRST COME, FIRST SERVED!

I wish to reserve the vehicle noted above on (date) _____

From _____ a.m./p.m. to _____ a.m./p.m.

For the purpose of _____

Employee name: _____

Employee driver's license number: _____
(Please list, even if on file)

NOTE: Only Berrien RESA employees are allowed to drive RESA vehicles. A license check will be done prior to the release of the vehicle. A record check takes 1-2 weeks. Please allow ample time.

Employee Signature: _____ Date: _____

Approved Not Approved

Facilities & Operations Approval _____ Date: _____

Comments: _____