

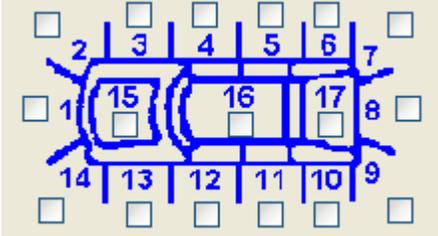


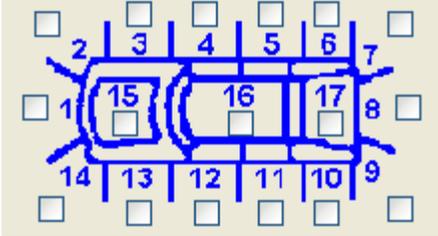
# TOWN OF DAVIE

## Pool Vehicle Issue/Return Form

### SOP #23-013

Issued To			
Town ID#			
Make		Tag #	
Model		Color	

<b>ISSUE</b> <input type="checkbox"/>														
Date Issued		Mileage Out												
<b>VEHICLE DAMAGE</b>	<b>DESCRIBE DAMAGE</b>	<b>INSPECTION</b>												
 <p style="font-size: small;">Front <span style="margin-left: 150px;">Back</span></p>		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td>Vehicle Cleaned</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inspected</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fueled</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<b>YES</b>	<b>NO</b>	Vehicle Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	Fueled	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>												
Vehicle Cleaned	<input type="checkbox"/>	<input type="checkbox"/>												
Inspected	<input type="checkbox"/>	<input type="checkbox"/>												
Fueled	<input type="checkbox"/>	<input type="checkbox"/>												

<b>RETURN</b> <input type="checkbox"/>														
Date Returned		Mileage In												
<b>VEHICLE DAMAGE</b>	<b>DESCRIBE DAMAGE</b>	<b>INSPECTION</b>												
 <p style="font-size: small;">Front <span style="margin-left: 150px;">Back</span></p>		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td>Vehicle Cleaned</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Inspected</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Fueled</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<b>YES</b>	<b>NO</b>	Vehicle Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	Inspected	<input type="checkbox"/>	<input type="checkbox"/>	Fueled	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>												
Vehicle Cleaned	<input type="checkbox"/>	<input type="checkbox"/>												
Inspected	<input type="checkbox"/>	<input type="checkbox"/>												
Fueled	<input type="checkbox"/>	<input type="checkbox"/>												

<b>Missing Equipment</b>	
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\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date

*Supervisor must sign this form when returning the vehicle.*