**Rental Authorization Form**

As a supervisor/manager within , I am authorizing the rental of a vehicle from

(AGENCY NAME/#)

DAS for the purpose of conducting agency business.

Our agency accepts the terms and conditions as noted in the motor-pool procedures and rates document, and recognize that we are subject to the penalties as identified, in addition to liability for damage that occurs to the vehicle while in our agencies possession.

Authorization for the rental begins on at approximately .

(START DATE) (PICK UP TIME)

Our business need should be completed and the vehicle returned by

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(END DATE) (DROP OFF TIME)

**Rental Location:**

To confirm this reservation please send an approved copy to the location of your choice a minimum of **24 hours before** the desired pick-up time. Vehicles are limited so reservations are confirmed on a first come first served basis. Please note Morgan St. Garage hours of operation are from 7:00am to 4:00pm while the other garages hours of operation are 7:30am to 3:30pm.

□ Morgan St. Garage\*\* □ Wethersfield Garage □ New Haven Garage □ Norwich Garage

155 Morgan St. 60 State St. (Rear) 140 Pond Lily Rd. 171 Salem Turnpike

Hartford, CT 06103 Wethersfield, CT 06109 New Haven, CT 06515 Norwich, CT 06360

[DAS.Fleet@ct.gov](mailto:DAS.Fleet@ct.gov) [Wethersfield.Fleet@ct.gov](mailto:Wethersfield.Fleet@ct.gov) [NewHaven.Fleet@ct.gov](mailto:NewHaven.Fleet@ct.gov) [Norwich.Fleet@ct.gov](mailto:Norwich.Fleet@ct.gov)

Fax: 860-713-7474 Fax: 860-529-0516 Fax: 203-397-4119 Fax: 860-885-2156

\*\* Morgan Street Rental Parking, provide vehicle information being parked at Charles Street Lot (if app.):

Plate #: Make: Model:

**Preferred Rental Option: \*\*\*Based Upon Availability\*\*\***

**□** Electric **□** Hybrid **□** Compact □ Mid-size

□ Small SUV □ 7 Passenger Mini Van □ 12 Passenger Van □ Box Truck

\*\*NOT AVAILABLE AT \*\*NOT AVAILABLE AT

BUCKINGHAM GARAGE BUCKINGHAM GARAGE

The driver of the vehicle will be . In addition to bringing this authorization form,

(Driver Name)

the driver will present his/her state ID and driver’s license upon arrival to pick up the vehicle.

Print name Signature Date

Supervisor’s phone number Supervisor’s email