

# Rental Authorization Form - Morgan Street

Rev. 10-10-2023

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 DAS.Fleet@ct.gov 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. Morgan St. Garage hours of operation are from 7:30am to 4:00pm.

\*\* 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 (\$7/hr;\$32/day)       Hybrid (\$6/hr;\$27/day)       Compact (\$6/hr;\$26/day)  
 Mid-size (\$6/hr;\$29/day)       Small SUV(\$8/hr;\$35/day)

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 (Supervisor)

\_\_\_\_\_  
Signature (Supervisor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's phone number

\_\_\_\_\_  
Supervisor's email