

Rental Authorization Form - Fleet Garages

Rev. 10-21-2021

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 the garages' hours of operation are 7:30am to 3:30pm.

- | | | |
|--|--|---|
| <input type="checkbox"/> Wethersfield Garage
60 State St. (Rear)
Wethersfield, CT 06109
Wethersfield.Fleet@ct.gov
Fax: 860-529-0516 | <input type="checkbox"/> New Haven Garage
140 Pond Lily Rd.
New Haven, CT 06515
NewHaven.Fleet@ct.gov
Fax: 203-397-4119 | <input type="checkbox"/> Norwich Garage
171 Salem Turnpike
Norwich, CT 06360
Norwich.Fleet@ct.gov
Fax: 860-885-2156 |
|--|--|---|

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Electric (\$7/hr;\$32/day) | <input type="checkbox"/> Hybrid (\$6/hr;\$27/day) | <input type="checkbox"/> Minivan (\$8/hr;\$35/day) |
| <input type="checkbox"/> Compact Sedan (\$6/hr;\$26/day) | <input type="checkbox"/> Mid-size Sedan (\$6/hr;\$29/day) | <input type="checkbox"/> Full-size Sedan (\$8/hr;\$34/day) |
| <input type="checkbox"/> Small SUV (\$8/hr;\$35/day) | <input type="checkbox"/> Mid-size SUV (\$8/hr;\$37/day) | <input type="checkbox"/> Full-size SUV (\$9/hr;\$42/day) |
| <input type="checkbox"/> Cargo Minivan (\$7/hr;\$33/day) | <input type="checkbox"/> Full-size Cargo (\$9/hr;\$41/day) | <input type="checkbox"/> Full-size Pass. Van (\$9/hr;\$42/day) |
| <input type="checkbox"/> Light Duty Truck (\$8/hr;\$37/day) | <input type="checkbox"/> Heavy Duty Truck (\$11/hr;\$48/day) | <input type="checkbox"/> Box Truck (\$12/hr;\$53/day) |
| <input type="checkbox"/> Wheelchair Van (\$14/hr;\$61/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