

Vehicle Release Form

To Be Completed by Customer:

Customer: _____	Date _____
Email: _____	Department: _____
Vehicle Information:	
Year: _____	<input type="checkbox"/> Electric Cart
Make: _____	
Model: _____	
VIN No.: _____	
Notes:	

Authorization	
Name: _____	Date _____
Signature: _____	

To Be Completed by CPFM Fleet Management:

Fleet Coord.: _____	Date: _____
Email: _____	WO#: _____
Description of Items:	

Processed By:	
Name: _____	Date: _____
Signature: _____	