City Fleet and Equipment Request Form

Step 1: Division submits request form with Representative signature.

Complete Section 1 for **ALL** requests.

Replacement Request: complete Sections 1, 2, and 5.

New or Surplus Request: complete Sections 1, 3, and 5.

Share Request: complete Sections 1, 4, and 5.

Share Request is when sharing for more than 1 day per week for 6 months or longer from a separate Division.

Date: 10-14-2025

Submitter Name: Patrick O'Connor

Division/Section Name: Water Services / Wastewater Collection

Request Timing:
- [x] Fiscal Year Request
- [ ] Mid-Year Request

Request Type:
- [x] Replacement Request (Complete Section 1,2 & 5)
- [ ] New or Surplus Request (Complete Section 1,3 & 5)
- [ ] *Share Request (Complete Section 1, 4 & 5)

Provide account number: 203-08-313-1133-0-

Grant Funding? Y [ ] N [x]

Grant Amount ($): n/a

Section 1: Complete this section for All Requests

1. Describe the tasks required for the vehicle and/or equipment to perform.
   All duties associated with the wastewater collection system.

2. How many employees will use this vehicle and/or equipment?
   Up to 24 Operators potentially if needed.

3. Estimated frequency of use (days per week and hours per day)?
   5 plus days per week and 7 plus hours per day.

4. Estimated miles used per week?
   100 (primary tracking through engine hours)

5. Outfitting needs including what is needed and estimated cost(ex. toolbox, ladder rack, truck topper). Is the amount included in budget?
   Emergency lighting, specialized toolboxes, etc. Will be budgeted separately.

6. Towing needs (what will be towed, frequency, typical/max weight):
   n/a

7. Off road needs including how often this will be used off road?
   Yes, approx. 30% due to the placement of our utilities.

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8. Upfitting needs including what is needed and estimated cost. Amount included in budget request?

Outfitting mention above

9. What alternatives have been considered? (check all that apply)

- [ ] Rental
- [ ] Outside Contractor
- [ ] Share
- [ ] Other Agency
- [ ] Pool
- [x] Rotate Vehicle Amongst Staff
- [x] None Available

Section 2: Complete this section for Replacement Requests

1. Name and Number of vehicle and/or equipment to replace:

Sterling Combination truck S4-015

2. Attach a picture of the current vehicle/equipment.

- [ ] Attach separately when submitting this PDF

3. Current miles/hours on the vehicle? (if no miles, answer N/A)

65,789 miles / over 10,500 hours

4. Percent of Use (when no miles or hours available

5. Has this vehicle and/or equipment been identified as underutilized this past year?

Yes [ ] No [x]

6. Why does the vehicle and/or equipment need to be replaced?

Age, engine hours, LTD maintenance, part availability, etc.

7. Has the vehicle and/or equipment been deemed unrepairable by Fleet Services and/or City's Insurance Provider?

Yes [ ] No [x]

8. Ability to replace with electric, plug-in hybrid and/or hybrid vehicles and/or equipment?

Yes [ ] No [x]

9. Are you able to use a smaller class size vehicle?

Yes [x] No [ ]

Comments:

We are proposing to replace this dual function combo truck with a hydro-jetter.

10. Do you have sufficient fuel and maintenance budget to meet the needs of this vehicle and/or equipment (reminder: The Fleet Manager can provide assistance in answering this question.

Yes [x] No [x]

Comments:

203-08-313-1133-0-

Section 3: Complete this section for New and Surplus Requests

1. What has changed operationally to create the need for a new or surplus vehicle and/or equipment?

2. Is there a fuel and maintenance budget for this vehicle

Yes [ ] No [ ]

Section 4: Complete this section for Share Requests

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1. Which Division/Section/ Program are you requesting to share with?
2. List the vehicle and/or equipment number.
3. How long do you anticipate you will share the vehicle and/ or equipment?

Section 5: Add any additional justification and sign and date the form.

Any additional justification can be attached via memorandum.

*Division Representative will sign and date before submitting to Fleet Management.

Division Representative Signature/Date: Patrick O'Connor / 10-14-2025

Identify specifications and all representatives sign upon agreement.

The Fleet Manager will schedule a meeting with the Division and Sustainability to identify specifications. These signatures are required before added to a Committee agenda.

Vehicle Type: Sewer Equipment of America - 800HPR Pressure Cleaner

Fuel Type: ☐ Electric Vehicle ☐ Plug-in/Hybrid ☐ Hybrid ☑ Internal Combustion Engine (ICE)

Weight Capacity: n/a

Cargo Space: Single / Regular cab

2-wheel/4-wheel drive: 2-wheel drive

Outfitting: Yes ☑ No ☐

Upfitting: Yes ☐ No ☑

Estimated cost of vehicle and/or equipment: $400,000 to $425,000

Describe which full electric, plug-in-hybrid and/or hybrid options were considered. If not appropriate, explain why: No options available for this class of vehicle.

Division Representative Signature: Patrick O'Connor

Sustainability Representative Signature:

Fleet Management Representative Signature: Jennifer Brown

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Committee Voting Process is completed and documented.

Date reviewed by Fleet Management Committee:

Approved: ☐ Yes ☐ No

Comments:

Committee Chair or Co-Chair Signature:

Fleet Request recommendation is forwarded to Budget Team for consideration and the funding decision

Date reviewed by Budget Team:

Approved: Yes ☐ No ☐

Vehicle/Equipment Budgeted Amount: $

Account Number:

Budget Team Signature:

When the Division requests an appeal of the fleet request recommendation and outcome is documented.

Date notified of Division Appeal:

Reason for Division Appeal:

Attach any supporting documentation for the appeal.

Approved: Yes ☐ No ☐

Explanation of basis for decision:

City Manager or Designee Signature

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THIS SECTION FOR FLEET SERVICES ONLY

1. Has the replacement criteria been met (refer to Vehicle and Equipment Minimum Utilization Standards by Class)?
2. Original Purchase Cost: _____
3. Last year maintenance cost: _____
4. Lifetime maintenance cost: _____
5. Projected labor cost: _____
6. Estimated cost of replacement: _____

Replacement Criteria (Years/Miles/Hours/% of use
1 point = Meets one criteria
2 points = Meets two criteria

Life to Date Repair Costs
1 Point = Over 100% of purchase price
2 Points = Over 125% of purchase price
3 Points = Over 150% of purchase price

Vehicle/Equipment Evaluation -estimated repair costs
1 Point = Over 10% of purchase price
2 Points = Over 15% of purchase price
3 Points - Over 20% of purchase price

Special Considerations/Justification * Requires Committee Vote
1 Point - Low Priority
2 Points - Medium Priority
3 Points - High Priority