

Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORMCHECK HERE IF **URGENT** NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$40,000 _____

REQUEST TRACKING # _____

FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:NAME: Nikki Abaurrea TITLE: Chief Fiscal Admin OfficerLOCATION: District Attorney PHONE: 530-406-4505 EMAIL: nikki.abaurrea@yolocounty.orgFUND: 1251 BUDGET UNIT: 2055 DATE NEEDED: _____**DEPT HEAD AUTHORIZATION REQUIRED****B. VEHICLE INFORMATION**

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

 REPLACEMENT Vehicle No. 9101 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

To replace vehicle 9101 (Ford Escape)

We will be replacing with a midsize hybrid suv

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

This car will be used by the Consumer Fraud/Environmental Unit. They travel up and down California on investigations, a new more environmental friendly vehicle is necessary.

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

The vehicle being replaced is a 2011 Ford Escape with 117,354 miles. This vehicle is out of county compliance as it is over 10 years old and has over 100K miles.

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: Nikki Abaurrea Phone: 530-406-4505

Department/Office: Yolo County District Attorney

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No


17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No

19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No

21. Other: _____

REQUESTER'S NAME	SIGNATURE	DATE
Nikki Abaurrea		3/3/23

FLEET SUPERINTENDENT	SIGNATURE	DATE
Scott Murphy		3/03/23

Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$50,000

REQUEST TRACKING #
FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Michael Rossiter TITLE: Acting Chief - Special Investigations Unit
 LOCATION: Woodand - Service Branch PHONE: 5306612566 EMAIL: Michael.Rossiter@yolocounty.org
 FUND: _____ BUDGET UNIT: _____ DATE NEEDED: 7/1/23

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. _____ ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

Full size SUV AWD. Law Enforcement Vehicle - unmarked/undercover emergency lights, sirens and radio/PA system hidden in center console.

3. REASON FOR SPECIAL REQUIREMENTS:

To be assigned to a Peace Officer/Investigator while conducting investigations. It will sometime be utilized to assist Child Welfare Services to transport high risk juveniles & their luggage throughout the state - sometimes in the mist of bad weather.

4. URGENT – Explain reason if vehicle required within less than 60 days.

New investigator was just hired. Will need the vehicle as soon as possible.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

To be assigned to a Peace Officer/Investigator while conducting investigations. Our vehicles are regularly used to conduct stationary and mobile surveillance.

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

To be assigned to a Peace Officer/Investigator while conducting investigations and used for Child Welfare Services transports.

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

To be assigned to a Peace Officer/Investigator while conducting investigations. It will sometime be utilized to assist Child Welfare Services to transport high risk juveniles & their luggage throughout the state - sometimes in the mist of bad weather.
 To be assigned to a Peace Officer/Investigator while conducting investigations. Our vehicles are regularly used to conduct stationary and mobile surveillance.

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

New investigator was just hired. Will need the vehicle as soon as possible.

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

Investigations will be hindered and efforts to assist CWS with transports will be strained.

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

No. Because all the information listed above.

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

33 % increase in Investigators.

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

See above. New investigator added and need for SUV for CWS Transports

4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

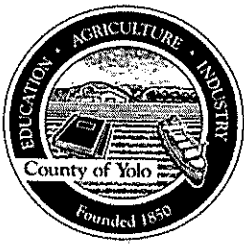
See above.

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

N/A

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: Michael Rossiter Phone: 5306612566

Department/Office: Special Investigations Unit - Service Branch

1. Type: Sedan Pick Up Van SUV Heavy Equipment
 2. Engine: Standard Optional Law Enforcement Justification Law Enforcement

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: Law Enforcement vehicle

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): Silver

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME	SIGNATURE	DATE
Michael Rossiter		7/1/23
FLEET SUPERINTENDENT	SIGNATURE	DATE

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT PÒÖÖ

EXPECTED COST (NOT TO EXCEED VALUE): _____

REQUEST TRACKING # XXXXXXXXXX

FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: _____ TITLE: _____

LOCATION: _____ PHONE: _____ EMAIL: _____

FUND: _____ BUDGET UNIT: _____ DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. _____ ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)



Vehicle Specification Sheet

*Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

7 1 DG 5 B8 J5 BG

PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

SEMI/VAN SIZE: _____ passenger _____ passenger _____ passenger _____

0 or more _____

11 Cab: _____ Regular _____ Extended _____ Crew

15 Bed: _____ Short _____ Long _____ Box Delete ~ Cab & Chassis

16 Tow Package: _____ Yes _____ No 7. Trailer Tow Mirrors: _____ Yes _____ No

18 Backup Sensors: _____ Yes _____ No 9. Dual Rear Wheel: _____ Yes _____ No

20 Tow Brake Control: _____ Yes _____ No _____

REQUESTER'S NAME	SIGNATURE	DATE
	<i>Kevin Blackman</i>	

FLEET SUPERINTENDENT	SIGNATURE	DATE

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT

EXPECTED COST (NOT TO EXCEED VALUE): _____

REQUEST TRACKING # XXXXXXXXXX

FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: _____ TITLE: _____

LOCATION: _____ PHONE: _____ EMAIL: _____

FUND: _____ BUDGET UNIT: _____ DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. _____ ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)



Vehicle Specification Sheet

*Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

7 5 B8 J5 BG

PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

SEVAN SIZE: _____ passenger _____ passenger _____ passenger _____

0 or more _____

11 Cab: _____ Regular _____ Extended _____ Crew

15 Bed: _____ Short _____ Long _____ Box Delete ~ Cab & Chassis

16 Tow Package: _____ Yes _____ No _____ 7. Trailer Tow Mirrors: _____ Yes _____ No

18 Backup Sensors: _____ Yes _____ No _____ 9. Dual Rear Wheel: _____ Yes _____ No

20 Tow Brake Control: _____ Yes _____ No _____

REQUESTER'S NAME	SIGNATURE	DATE
	Kevin Blackman	

FLEET SUPERINTENDENT	SIGNATURE	DATE

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT PÒÖÖ

EXPECTED COST (NOT TO EXCEED VALUE): _____

REQUEST TRACKING # XXXXXXXXXX

FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: _____ TITLE: _____

LOCATION: _____ PHONE: _____ EMAIL: _____

FUND: _____ BUDGET UNIT: _____ DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. _____ ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)



Vehicle Specification Sheet

*Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

7 5 B8 J5 BG

PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

SEMI/VAN SIZE: _____ passenger _____ passenger _____ passenger _____

0 or more _____

11 Cab: Regular Extended Crew

15 Bed: Short Long Box Delete ~ Cab & Chassis

16 Tow Package: Yes No 17 Trailer Tow Mirrors: Yes No

18 Backup Sensors: Yes No 19 Dual Rear Wheel: Yes No

20 Tow Brake Control: Yes No _____

REQUESTER'S NAME	SIGNATURE	DATE
	Kevin Blackman	

FLEET SUPERINTENDENT	SIGNATURE	DATE

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT PÒÖÖ

EXPECTED COST (NOT TO EXCEED VALUE): _____

REQUEST TRACKING # XXXXXXXXXX

FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: _____ TITLE: _____

LOCATION: _____ PHONE: _____ EMAIL: _____

FUND: _____ BUDGET UNIT: _____ DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. _____ ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

C. PURPOSE/JUSTIFICATION cont"

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

ATTACH ADDITIONAL PAGES AS P000000000.



Vehicle Specification Sheet

*Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified.

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

7 5 B8 J5 BG

PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

SEMINUTRUCK SIZE: _____ passenger _____ passenger _____ passenger _____

0 or more _____

11. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Backup Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No _____

REQUESTER'S NAME	SIGNATURE	DATE
	Anisa Vallejo	

FLEET SUPERINTENDENT	SIGNATURE	DATE

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF **URGENT**

EXPECTED COST (NOT TO EXCEED VALUE): _____

REQUEST TRACKING # _____

FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: _____ TITLE: _____

LOCATION: _____ PHONE: _____ EMAIL: _____

FUND: _____ BUDGET UNIT: _____ DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. _____ ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)



Vehicle Specification Sheet

*Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

7 1 DG 5 B8 J5 BG

PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

SEMI/VAN SIZE: _____ passenger _____ passenger _____ passenger _____

0 or more _____

11 Cab: Regular Extended Crew

15 Bed: Short Long Box Delete ~ Cab & Chassis

16 Tow Package: Yes No 17 Trailer Tow Mirrors: Yes No

18 Backup Sensors: Yes No 19 Dual Rear Wheel: Yes No

20 Tow Brake Control: Yes No _____

REQUESTER'S NAME	SIGNATURE	DATE
Casey Liebler	<i>Casey Liebler</i>	04/04/2023

FLEET SUPERINTENDENT	SIGNATURE	DATE
	<i>Scott Murphy</i>	

Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): ~~32,000~~ \$40,000

REQUEST TRACKING # [REDACTED] FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Scott Doolittle TITLE: Chief Building Official

LOCATION: DCS PHONE: 530-666-8609 EMAIL: scott.doolittle@yolocounty.org

FUND: 5031 BUDGET UNIT: 2975 DATE NEEDED: 7/1/23

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. 9065 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

Hybrid range, all-wheel drive with a ground clearance of at least 8 inches
Safety strobe lights, front and back, rear tint, power inverter

Toyota RAV4

3. REASON FOR SPECIAL REQUIREMENTS:

Inspectors often log over 200 miles in a day and have to access rough construction sites and remote access roads.

4. URGENT - Explain reason if vehicle required within less than 60 days.

Not urgent.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

The Building Division logs many miles every year. This will replace an old vehicle that has transmission issues. The new vehicle will be used by primary inspection staff, with their existing vehicle used to offset the loss of the old pool vehicle.

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

Inspectors often log over 200 miles in a day and have to access rough construction sites and remote access roads.

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

Current vehicle replacement budget is at \$60,000.
Expected cost is \$40,000

C. PURPOSE/JUSTIFICATION cont.

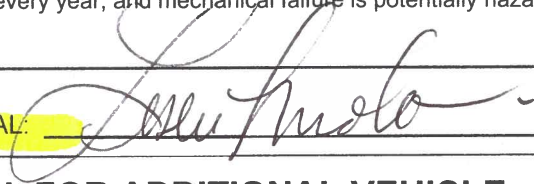
4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

Not urgent

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

Inspectors log many miles every year, and mechanical failure is potentially hazardous due to the locations staff have to drive to.

6. DEPT HEAD APPROVAL:



D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

4. WHAT ELSE SUPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: Scott Doolittle Phone: 530-666-8609

Department/Office: Community Services - Building Division

1. Type: Sedan Pick Up Van SUV Heavy Equipment
2. Engine: Standard Optional Hybrid Justification Daily mileage / range requirements
3. Propulsion: Standard Optional: _____
4. Fuel: Standard Diesel Hybrid Electric CNG
5. Options (justification required): Power Windows Power Locks Keyless Entry
- Other: _____
6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket
8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No
10. Exterior Color (if not specified WHITE will be ordered): _____
11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____
- Note: Justify Commercial Load and Tow Capacity _____
13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)
14. Cab: Regular Extended Crew
15. Bed: Short Long Box Delete ~ Cab & Chassis
16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No
18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No
20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME	SIGNATURE	DATE
Scott Doolittle		3/16/2023
FLEET SUPERINTENDENT	SIGNATURE	DATE
		3/30/23

Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$129,600 - \$140,000

REQUEST TRACKING # [REDACTED] FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Jeff Keiffer TITLE: _____

LOCATION: DCS - Landfill PHONE: (530) 666-8855 EMAIL: Jeff.Kieffer@yolocounty.org

FUND: 502120 BUDGET UNIT: 4401 DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. 8437 & 8928 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3/4T 4X4 utility bed

3. REASON FOR SPECIAL REQUIREMENTS:

[Empty box for reason for special requirements]

4. URGENT – Explain reason if vehicle required within less than 60 days.

[Empty box for urgent reason]

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

Replacing aged unit with like unit

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

[Empty box for justification for non-standard equipment]

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

[Empty box for justification of vehicle]

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

Based on current offers + \$increase for 4X4

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: 4X4

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME

SIGNATURE

DATE

FLEET SUPERINTENDENT

SIGNATURE

DATE

Scott Murphy		2/07/23
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Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$37,000 - \$70,000

REQUEST TRACKING # [REDACTED] FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Jeff Keiffer TITLE: _____

LOCATION: DCS - Landfill PHONE: (530) 666-8855 EMAIL: Jeff.Kieffer@yolocounty.org

FUND: 502120 BUDGET UNIT: 4401 DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. 9071 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

N/A

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

Equipment; replacing aged unit with like unit

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: 4X4

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME

SIGNATURE

DATE

REQUESTER'S NAME	SIGNATURE	DATE

FLEET SUPERINTENDENT

SIGNATURE

DATE

Scott Murphy

2/07/23

FLEET SUPERINTENDENT	SIGNATURE	DATE
Scott Murphy		2/07/23

Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORMCHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$62,000

REQUEST TRACKING #

FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:NAME: Jeff Keiffer TITLE: _____LOCATION: DCS - Landfill PHONE: (530) 666-8855 EMAIL: Jeff.Kieffer@yolocounty.orgFUND: 502120 BUDGET UNIT: 4401 DATE NEEDED: _____**DEPT HEAD AUTHORIZATION REQUIRED****B. VEHICLE INFORMATION**

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

 REPLACEMENT Vehicle No. 9096 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

1/2T electric w/ optional power service

3. REASON FOR SPECIAL REQUIREMENTS:

zero emission to avoid contamination of water samples. 4X4/AWD and A/T tires for access to unimproved areas.

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

Replacing inadequate unit with proper capabilities

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

Unit requested is County's standard

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

4. WHAT ELSE SUPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

Based on current order + \$increase for later model year

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: _____ Phone: _____

Department/Office: _____

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional Electric Justification _____

3. Propulsion: Standard Optional: 4X4

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME

SIGNATURE

DATE

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FLEET SUPERINTENDENT

SIGNATURE

DATE

Scott Murphy		2/07/23
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Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$40000-80000

REQUEST TRACKING #
FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Ed Medina TITLE: Public Works Superintendent

LOCATION: DCS P/PW PHONE: 530-666-8030 EMAIL: ed.medina@yolocounty.org

FUND: 030120 BUDGET UNIT: 3011 DATE NEEDED:

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. 6470 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

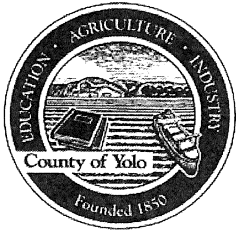
4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

Roads vehicle needs have exceeded their inventory, requiring rental vehicles. Use of rentals and re-purposed vehicles justify replacement of low use vehicle.

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: Ed Medina Phone: 530-666-8030

Department/Office: DCS P/PW

1. Type: Sedan Pick Up Van SUV Heavy Equipment
2. Engine: Standard Optional _____ Justification general use L/D vehicle

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME

SIGNATURE

DATE

Ed Medina		03/16/2023
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FLEET SUPERINTENDENT

SIGNATURE

DATE

Scott Murphy		02/24/2023
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Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$120,000

REQUEST TRACKING #
FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Ed Medina TITLE: Public Works Superintendent

LOCATION: DCS P/PW PHONE: 530-666-8030 EMAIL: ed.medina@yolocounty.org

FUND: 030120 BUDGET UNIT: 3011 DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. 6481 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

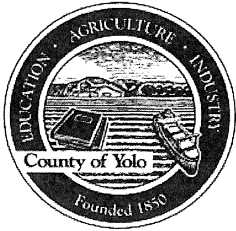
4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

Aged service truck has experienced mechanical issues, exhibits wear commensurate with age and use. A significant improvement in service capabilities and truck efficiency is available.

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: _____ Phone: _____

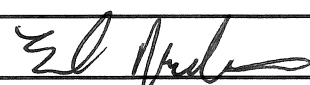
Department/Office: DCS P/PW

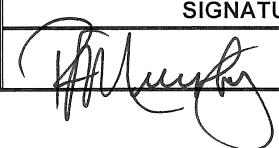
1. Type: Sedan Pick Up Van SUV Heavy Equipment
2. Engine: Standard Optional _____ Justification medium duty service truck
3. Propulsion: Standard Optional: _____
4. Fuel: Standard Diesel Hybrid Electric CNG
5. Options (justification required): Power Windows Power Locks Keyless Entry
- Other: _____
6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket
8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No
10. Exterior Color (if not specified WHITE will be ordered): _____
11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____
- Note: Justify Commercial Load and Tow Capacity _____
13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)
14. Cab: Regular Extended Crew
15. Bed: Short Long Box Delete ~ Cab & Chassis
16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No
18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No
20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME	SIGNATURE	DATE
Ed Medina		03/16/2023

FLEET SUPERINTENDENT	SIGNATURE	DATE
Scott Murphy		02/24/2023

Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$200,000

REQUEST TRACKING #
FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Ed Medina TITLE: Public Works Superintendent
LOCATION: DCS P/PW PHONE: 530-666-8030 EMAIL: ed.medina@yolocounty.org
FUND: 030120 BUDGET UNIT: 3011 DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. 6484 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

Custom build patch truck

3. REASON FOR SPECIAL REQUIREMENTS:

Truck often serves as safety billboard as staff conduct work on roads or near roadway

4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

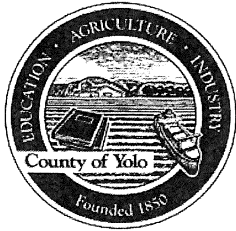
3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: Ed Medina Phone: 530-666-8030

Department/Office: DCS P/PW

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME

SIGNATURE

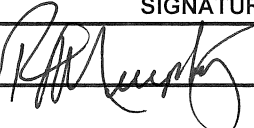
DATE

Ed Medina		03/16/2023
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FLEET SUPERINTENDENT

SIGNATURE

DATE

Scott Murphy		02/24/2023
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Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$ 62,500

REQUEST TRACKING #
FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Ed Medina TITLE: Public Works Superintendent

LOCATION: DCS P/PW PHONE: 530-666-8030 EMAIL: ed.medina@yolocounty.org

FUND: 030120 BUDGET UNIT: 3011 DATE NEEDED: _____

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

REPLACEMENT Vehicle No. 6491 ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

hazard lighting

3. REASON FOR SPECIAL REQUIREMENTS:

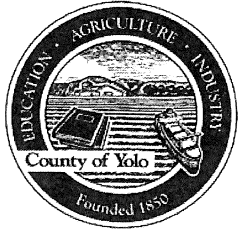
4. URGENT – Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)



Vehicle Specification Sheet

*Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified

Name of Requester: Ed Medina Phone: 530-666-8030

Department/Office: DCS P/PW

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional EV Justification _____

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No


18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME

SIGNATURE

DATE

Ed Medina		03/16/2023
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FLEET SUPERINTENDENT

SIGNATURE

DATE

Scott Murphy		02/24/2023
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Yolo County Fleet Services

VEHICLE ACQUISITION REQUEST FORM

CHECK HERE IF URGENT NEED

EXPECTED COST (NOT TO EXCEED VALUE): \$ 125,000

REQUEST TRACKING # [REDACTED] FLEET SERVICES ONLY

A. REQUESTOR INFORMATION:

NAME: Ed Medina TITLE: Public Works Superintendent

LOCATION: DCS P/PW PHONE: 530-666-8030 EMAIL: ed.medina@yolocounty.org

FUND: 030120 BUDGET UNIT: 3011 DATE NEEDED:

DEPT HEAD AUTHORIZATION REQUIRED

B. VEHICLE INFORMATION

1. TYPE OF VEHICLE REQUESTED ON ATTACHED SPECIFICATION SHEET:

[X] REPLACEMENT Vehicle No. 6505 [] ADDITIONAL (Attach justification if additional)

2. SPECIAL REQUIREMENTS (include number of passengers, equipment or storage capacity, utility features, etc.)

outfitting for sign/ bridge crew

3. REASON FOR SPECIAL REQUIREMENTS:

4. URGENT - Explain reason if vehicle required within less than 60 days.

C. PURPOSE/JUSTIFICATION

1. HOW AND WHERE WILL TO BE USED? Identify personnel to use and why a pool vehicle can not be used

[REDACTED]

2. PROVIDE JUSTIFICATION FOR REQUESTING ANYTHING OTHER THAN STANDARD VEHICLE/EQUIPMENT

[REDACTED]

3. PROVIDE JUSTIFICATION OF VEHICLE (Explain whether this vehicle meets minimum utilization and if not, why not and why a pool vehicle can not be used instead. See also Vehicle Acquisition Procedure. See also second page of this form if this is an additional vehicle.)

[REDACTED]

C. PURPOSE/JUSTIFICATION cont.

4. EXPLAIN IF THERE IS AN URGENT NEED FOR THIS VEHICLE:

[Empty text box for urgent need explanation]

5. DESCRIBE THE NEGATIVE IMPACT IF THIS VEHICLE ACQUISITION IS NOT

[Empty text box for negative impact description]

6. DEPT HEAD APPROVAL: _____

D. JUSTIFICATION FOR ADDITIONAL VEHICLE

1. WOULD AN INTERNAL REALLOCATION OF SIMILAR VEHICLES OR EQUIPMENT SHARING BE POSSIBLE? IF NOT, WHY NOT?

[Empty text box for internal reallocation question]

2. WHAT LEVEL OF STAFFING DOES THE DEPARTMENT/BUDGET UNIT HAVE IN COMPARISON TO PRIOR YEARS THAT WOULD JUSTIFY ANOTHER VEHICLE?

[Empty text box for staffing comparison question]

3. HAS THE SCOPE OF THE DEPARTMENT (role, function, responsibilities, etc.) BEEN EXPANDED DUE TO RE-ORGANIZATION, NEW LEGISLATION, ETC. Please explain how the department needs have increased and the reason for additional vehicle and/or equipment.

[Empty text box for department scope expansion question]

4. WHAT ELSE SUPPPORTS THE ADDITION OF ANOTHER VEHICLE OR EQUIPMENT ITEM?

[Empty text box for additional support question]

5. REVIEW PRIOR YEAR MILEAGE/HOURS FOR BUDGET UNIT AND/OR DEPARTMENT VEHICLES AND/OR EQUIPMENT TO DETERMINE IF EXISTING UTILIZATION WARRANTS ANOTHER VEHICLE OR EQUIPMENT ITEM. ATTACH METER/MILEAGE RECORDS.

ADDITIONAL SPACE FOR INFORMATION:

Replace w/ more appropriate, more efficient truck and equipment.
[Empty text box for additional information]

ATTACH ADDITIONAL PAGES AS NECESSARY.



Vehicle Specification Sheet

**Please note vehicles take 60 – 120 days to arrive, and will be ordered according to specifications identified*

Name of Requester: Ed Medina Phone: 530-666-8030

Department/Office: DCS P/PW

1. Type: Sedan Pick Up Van SUV Heavy Equipment

2. Engine: Standard Optional _____ Justification medium duty

3. Propulsion: Standard Optional: _____

4. Fuel: Standard Diesel Hybrid Electric CNG

5. Options (justification required): Power Windows Power Locks Keyless Entry

Other: _____

6. Seating: Cloth Vinyl 7. Seat Type: Bench 80/20 Split Bench Bucket

8. Flooring: Carpet Vinyl 9. Full Spare Tire & Wheel: Yes No

10. Exterior Color (if not specified WHITE will be ordered): _____

11. Shop Manual (order on first unit of model only): Yes No

IF REQUESTING A SEDAN, STOP HERE. SIGN BELOW, AND FORWARD TO FLEET SERVICES.

PICKUPS AND VANS

12. PICKUP SIZE: Carry Capacity: _____ lbs Tow Capacity _____

Note: Justify Commercial Load and Tow Capacity _____

13. VAN SIZE: 7 passenger 8 passenger 9 passenger
 10 or more (need special justification and license identification for 10 or more passengers)

14. Cab: Regular Extended Crew

15. Bed: Short Long Box Delete ~ Cab & Chassis

16. Tow Package: Yes No 17. Trailer Tow Mirrors: Yes No

18. Back-up Sensors: Yes No 19. Dual Rear Wheel: Yes No

20. Tow Brake Control: Yes No 21. Other: _____

REQUESTER'S NAME	SIGNATURE	DATE
Ed Medina		03/16/2023

FLEET SUPERINTENDENT	SIGNATURE	DATE
Scott Murphy		02/24/2023