

# Rental Authorization Form

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 Buckingham Garage hours of operation are from 6:30am to 6:30pm while the other garages hours of operation are 7:30am to 3:30pm.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Buckingham Garage<br>315 Buckingham St.<br>Hartford, CT 06106<br><a href="mailto:DAS.Fleet@ct.gov">DAS.Fleet@ct.gov</a><br>Fax: 860-713-7474 | <input type="checkbox"/> Wethersfield Garage<br>60 State St. (Rear)<br>Wethersfield, CT 06109<br><a href="mailto:Wethersfield.Fleet@ct.gov">Wethersfield.Fleet@ct.gov</a><br>Fax: 860-529-0516 | <input type="checkbox"/> New Haven Garage<br>140 Pond Lily Rd.<br>New Haven, CT 06515<br><a href="mailto:NewHaven.Fleet@ct.gov">NewHaven.Fleet@ct.gov</a><br>Fax: 203-397-4119 | <input type="checkbox"/> Norwich Garage<br>171 Salem Turnpike<br>Norwich, CT 06360<br><a href="mailto:Norwich.Fleet@ct.gov">Norwich.Fleet@ct.gov</a><br>Fax: 860-885-2156 |
|---|--|--|---|

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

- |                                    |   |  |   |
|------------------------------------|---|--|---|
| <input type="checkbox"/> Electric  | <input type="checkbox"/> Hybrid               | <input type="checkbox"/> Compact   | <input type="checkbox"/> Mid-size   |
| <input type="checkbox"/> Small SUV | <input type="checkbox"/> 7 Passenger Mini Van | <input type="checkbox"/> 12 Passenger Van<br><small>**NOT AVAILABLE AT BUCKINGHAM GARAGE</small> | <input type="checkbox"/> Box Truck<br><small>**NOT AVAILABLE AT BUCKINGHAM GARAGE</small> |

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

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

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