

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 _____.
Our business need should be completed by, and the vehicle returned by _____ at _____.

The driver of the vehicle will be _____. In addition to bringing this authorization form, the driver will present his/her state ID and drivers license upon arrival to pick up the vehicle.

Print name

Signature

date

Supervisor's phone number

Supervisor's email

To confirm this reservation please email an approved copy to das.fleet@ct.gov or fax to 860-713-7474 a minimum of 24 hours before the desired pick-up time. Since there are a limited number of vehicles reservations are confirmed on a first come first served basis.