

PALM BEACH COUNTY
 F D & O, FLEET MANAGEMENT
 REQUEST FOR ISSUANCE OF NEW/LOST/BROKEN FUEL CARD(S)

To: Doug Weichman, Director
 % Sursatee Maraj
 Fleet Management
 Phone 233-4550, FAX 233-4575

Date: _____

From: _____
 Department / Division

Please issue fuel card (s) as noted below:

Employee Name/Vehicle Asset # (Print or Type): _____

Department/Division LGFS Fund/Agency/Org.: _____

Please check the appropriate box(es):

Please complete the following:
 * (If New Small Eqpt.)

- New Employee
- Employee Card is Lost
- Terminated Employee
- New Small Eqpt. Card *
- Vehicle Card is Lost

Fuel Type _____
 (UN or DS)
 Tank Capacity _____
 (Gallons)

 Dept./Division Authorized Signor

 Telephone #

FLEET MANAGEMENT USE

Fleet Management Dept/Division _____

	Lost Card	New Card
Employee Card #	_____	_____
Employee ID #	_____	_____
Vehicle Card #	_____	_____

Card picked up by:

 Recipient Signature

 Date