



# Vehicle Request Form

## New Holstein School District

\_\_\_\_\_  
 Name of Person Making Request                      Date of Request                      School or Department

\_\_\_\_\_  
 Driver Cell Phone Number                      \_\_\_\_\_ Total # Riding (including Driver)

\_\_\_\_\_  
 Event for which vehicle use is requested                      City \_\_\_\_\_ State \_\_\_\_\_

Type of vehicle requested:     Car     Van

	Pick Up Vehicle	Return Vehicle
<b>Date(s)</b>		
<b>Time</b>	AM/PM	AM/PM
<b>Place</b>		

\_\_\_\_\_  
 Transportation Department Approval                      Date

1. You will receive an email with this form attached once vehicle request is approved or denied
2. You must get vehicle key from the Middle School office between the hours of 7am – 4pm. Please be sure to get keys early if you are leaving before 7am, after 4pm or on a weekend
3. Return keys to the Middle School office when you return or first thing in the morning
4. If you have any problems please contact: Amanda Jacobson @ 920-889-5389 (cell)

**Office Use Only**

Vehicle Assigned	Date Assigned	Date Staff Notified