



Town of Nantucket

16 Broad Street
Nantucket, MA 02554

Phone: 508-228-7255
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www.nantucket-ma.gov

Fleet Vehicle Use Approval Form

Date:

☐ Original Document

☐ Updated Document

Employee Name:

Address:

Town/City:

Zip/Postal Code:

Town Dept.:

Driver's Lic. No.:

State of Issue:

Lic. Expiration:

Date of Birth:

Work Phone:

Cell phone:

Instructions:

All Town employees driving a Town-owned vehicle must complete this form.

Completed Vehicle Use Approval Forms are to be dated, signed and returned to Town Administration, 16 Broad Street, before using a fleet vehicle.

If any information on this form changes, it is the employee's responsibility to complete a new form.

A copy of the employee's valid driver's license must be submitted with this form.

It is the responsibility of the employee to read and understand the Town's Pool Fleet Vehicle Use and Safety Policy.

Employee Agreement:

☐ I acknowledge that I have received and read a copy of the Town's Pool Fleet Vehicle Use and Safety Policy. I understand the contents and agree to comply with the policies. Failure to comply is considered a violation of work rules. As a condition of driving a Town-owned vehicle, I agree to a check of my driving record on a periodic basis. I further agree to immediately inform my direct supervisor and Town Administration of any negative change in the status of my driving record. Changes include but are not limited to OUI/DUI citation, license revocation, restrictions or suspension. Failure to report such changes may result in the revocation of the privilege of driving a Town-owned vehicle.

I also agree to notify the Nantucket Police Department, Town Administration and the proper state authorities immediately in the event of an accident or theft.

Employee's Signature:

Fleet Coord.'s Signature:

☐ Check here if submitting this form electronically. By doing so you agree to the terms of this document in lieu of a signature. Remember to type your name in the signature box above as well as check this box.

☐ Approved ☐ Denied

Date:

Date: