



Special Use Request for Zipcar and Shared Fleet Vehicles

Employee Name:	
Department Name:	
Employee Phone #:	
Employee Email:	
Request Type	
Zipcar Shared Fl	eet Vehicle
Reservation Start Date:	Reservation Start Time:
Vehicle Return Date:	Vehicle Return Time:
Reason for Use Outside the Hou	
	Data
Employee Signature	Date
Department Head Signature	Date
Bureau of Administration Signa	ture Date