

**REQUEST FOR AUTOMOTIVE SUPPORT**  
**Parking and Transportation Services - Fleet Management**

Fax: 512-471-3629  
[fleet@www.utexas.edu](mailto:fleet@www.utexas.edu)

Please provide the following information:

<b>Department Name for Door Decal</b>	_____
<b>Account Number</b>	_____
<b>Requestor's Name</b>	_____ <b>Phone #</b> _____
<b>Contact Name</b>	_____ <b>Phone #</b> _____
<b>Replaces vehicle door #</b>	_____
<b>Authorized Signature</b>	<b>Date</b> _____

*Fleet Management Use Only:*

	<b>UT Door #</b> _____
<b>Work Order #</b> _____	<b>Inventory #</b> _____
<b>Fuel Card #</b> _____	<b>Purchase Order #</b> _____

**New Vehicle**

Make \_\_\_\_\_  
Year \_\_\_\_\_  
Type \_\_\_\_\_  
License # \_\_\_\_\_  
GVWR \_\_\_\_\_  
Mileage \_\_\_\_\_  
VIN # \_\_\_\_\_

**New Equipment**

Type \_\_\_\_\_  
Make \_\_\_\_\_  
Serial \_\_\_\_\_  
Class \_\_\_\_\_

PM Months \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

PM/SI Scheduled Yes / No

Current State Inspection Month \_\_\_\_\_

Fuel Type \_\_\_\_\_

Fuel Card/FOB Activated - Date: \_\_\_\_\_ By: \_\_\_\_\_

Copy Sent to Fuel System Administrator

Remarks \_\_\_\_\_
