

VEHICLE DISPOSAL REQUEST FORM

Request Date:

Vehicle Details			
VIN #	Make	Model	Year
Mileage	Condition	Proposed Disposal Method	
Reason for Disposal (briefly explain why the disposal or sale of the vehicle is necessary. Include current condition, any significant issues, and repair costs if applicable)			

Requestor Information		
First Name	Last Name	Department/Division
Phone Number	Email Address	Job Title/Position