

PALM BEACH COUNTY
F D & O, FLEET MANAGEMENT
REQUEST FOR ISSUANCE OF NEW/LOST/BROKEN FUEL CARD(S)

To: Fleet Management
Phone 233-4566
FAX 233-4584

Date: _____

From: _____
Department/Division/Agency

Please issue fuel card(s) as noted below:

Employee Name/Vehicle Asset # (Print or Type): _____

Fund/Agency/Org. to be charged: _____

Please check the appropriate box(es):

- New Employee
- Employee Card is Lost
- Terminated Employee
- New Small Eqpt. Card *
- Vehicle Card is Lost
- New Vehicle Card

Please complete the following:
*(if new equipment)

Fuel Type _____
(UN or DS)

Tank Capacity _____
(Gallons)

Print Name _____

Sign _____
Dept./Division/Agency Authorized Signor

Telephone # _____

FLEET MANAGEMENT USE

Facility Code _____ Dept/Division # _____

HID Card

Old Card

New Card

Employee Card # _____

Vehicle Card # _____

Entered By _____ Date _____

Card picked up by: Print _____

Date _____

Sign _____