

PLANO ISD RISK MANAGEMENT

VEHICLE RENTAL FORM

Please Print:

Employee leasing vehicle: _____
First Name MI Last Name

Campus or location assigned: _____ SS#: _____

Type of vehicle rented: _____
(car, van, make, model - indicate number of passengers, truck, etc.)

Value of vehicle: \$ _____ (provided in rental agreement)

Rental agency: _____ City/State: _____

Total days rented _____ Date of rental: _____

Please return this completed form to Margaret Bishop, Property Casualty Manager.

Thank you.

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