REQUEST TO MODIFY COMPANY VEHICLE

VEHICLE #:	VEHICLE LOC:				
VEHICLE TYPE:					
YEAR: MAKE:					
1. Describe Modification Request. (Attach drawing or photo as needed)					
2. Reason/Justification for Modification. The statement to improve safety alone is not sufficient justification. The requester must be able to quantify the safety improvements the modification will achieve.					
3. Estimated Cost:					
Mail Code		Submitted By:	Phone Number:	Date:	
APPROVED (Provide IO / GL Acct)	YES	Power System/Generation Supervisor		Phone Number:	Date:
IO	Number GL Account			Cost Center	
REVIEWED BY:		Fleet Services Area S	Supervisor	Phone Number:	Date:
REVIEWED BY:	YES NO	Equipment Standar Mike Pa	Phone Number: 561-881-3411	Date:	
		Commo	ents:		