

County _____

PVA-Vehicle Form
7/1/07

ANNUAL PVA OFFICE VEHICLE DATA FORM FY 2009-10

For **each vehicle** assigned to your office, please provide the following information:

1. Make and Model: _____

2. Year: _____

3. VIN Number: _____

4. License Number: _____

5. Mileage: _____

6. Lease/Purchase Value: _____

7. Authorized Driver's Names: _____

8. Insurance Carrier – Type of policy (Liability, Full Coverage)

9. Location of Vehicle (before and after working hours) _____

PVA Signature _____

Date _____

Note: This form needs to be completed each new fiscal year and updated when any permanent changes occur. It is to be submitted to the PVA Administrative Support Branch, along with the Annual PVA Budget by June 1st. Please make copies of this form, if you have more than one (1) office vehicle to report.

Reminder: "Monthly Report-Employee Fringe Benefits" must be completed each month, if the PVA office does have an office vehicle(s).