

**CITY OF NEW ORLEANS
OVERNIGHT AND SPECIAL EVENT TEMPORARY VEHICLE ASSIGNMENT
REQUEST FORM**

This form is to be completed by City employees requesting to use a City vehicle overnight or during a special event. This form must be signed by both the employee and the appointing authority, and forwarded to the Chief Administrative Officer for approval. Please note that employees with an extended temporary take-home vehicle assignment, e.g. two weeks or longer, will be charged a pro-rated take-home vehicle use charge.

EMPLOYEE NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOBILE OR OTHER NUMBER WHERE YOU MAY BE REACHED: _____

DEPARTMENT: _____ VEHICLE ID # (or asset #): _____

VEHICLE DESCRIPTION (year, make, model and color): _____

START DATE _____ END DATE _____

Employees requesting a City vehicle for temporary overnight and/or special event use must initial the following.

_____ I certify that this vehicle will be kept in a secure place when not in use, locked, and all equipment or valuables within (whether City or personal) will be placed in a location that is not visible from outside the vehicle.

_____ I certify that I received CAO Policy memorandum 5(R), and will fully comply with the rules and procedures set-forth regarding City vehicle use.

_____ I certify one-way driving distance from my domicile to Department is ____miles.

Please provide detailed justification for this overnight and/or special event vehicle request:

EMPLOYEE SIGNATURE

DATE

APPOINTING AUTHORITY SIGNATURE

DATE

CHIEF ADMINISTRATIVE OFFICER SIGNATURE

DATE