



**FUEL KEY REQUEST  
FLEET SERVICES**

Revised 9/17

**CONTACT INFORMATION**

Person Responsible for Asset (print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**DEPARTMENTAL INFORMATION**

Department Name: \_\_\_\_\_ OUC: \_\_\_\_\_

Project/Account: \_\_\_\_\_ (Associated to Fuel, Car Wash & Auto Shop)

**VEHICLE INFORMATION**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate #: \_\_\_\_\_

Select Fuel Type: Unleaded / Diesel / E85

Program for Car Wash: Yes / No

Parking Location: \_\_\_\_\_  
(physical address of where this asset will be parked on a daily basis)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Provide Copy of Vehicle Registration**



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