



## INFORMATION FORM

### County Vehicle Program

County Vehicle # \_\_\_\_\_ Zone # \_\_\_\_\_ Monthly Cost \_\_\_\_\_ PP Cost \_\_\_\_\_

Today's Date \_\_\_\_\_ Your Employee ID Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Work email address: \_\_\_\_\_ @ \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone # \_\_\_\_\_ Work Hours \_\_\_\_\_ to \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_ Mail Stop # \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_

Did you have to alter your work schedule to start riding in this vehicle? YES  NO

Home email address: \_\_\_\_\_ @ \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number \_\_\_\_\_ Drivers License Number / Class \_\_\_\_\_

Medical Information \_\_\_\_\_

Allergies \_\_\_\_\_

**IN CASE OF AN EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

**FOR OFFICE USE ONLY**

CV Number \_\_\_\_\_ Site # \_\_\_\_\_ PR Deduction \_\_\_\_\_ Basic Database \_\_\_\_\_ CV Database \_\_\_\_\_

Gas Pump \_\_\_\_\_ DMV Report \_\_\_\_\_ \$2-A-Day \_\_\_\_\_ GRH Voucher \_\_\_\_\_ File \_\_\_\_\_

Please return this form ASAP by using one of the following methods: email ([icommute@rivco.org](mailto:icommute@rivco.org)) or fax 951/955-1181.

*Thank you.*