



**CITY OF EAGLE PASS  
AUTHORIZATION OF USE OF CITY VEHICLE**

Employee Name: \_\_\_\_\_ ID No.: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Unit No.: \_\_\_\_\_ Duration/Date(s): \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing below, you agree to comply with Personnel Rules and Regulations Sec. 2-25 Use of city vehicles and all vehicle provisions as stated in the Safety Manual, including the Vehicle Operator Standards.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Agreed and Requested by:

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

Approved:

Disapproved:

Comments (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Manager Signature

\_\_\_\_\_  
Date