Appendix A

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|  | **East Tennessee State University**  **Office of Facilities Management**  PO Box 70653  Johnson City, TN 37614-1701  423-439-6028 ph  423-439-7670 fax  [hilltb@etsu.edu](mailto:hilltb@etsu.edu) |
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**Utility Golf Cart Request Form**

Please review the Utility Golf Cart Policy which can be found at [https://www.etsu.edu/facilities/documents/policies/policy-400.1.pdf](%20https:/www.etsu.edu/facilities/documents/policies/policy-400.1.pdf) for requirements regarding operation and safe use of UGC’s.

**Reservation Request:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | |
|  | Driver’s Name: |  | Email: |  |
| Department: |  | Purpose of Travel: |  |
| Vehicle Pick Up Date: |  | Vehicle Return Date: |  |
| Pick Up Time: |  | Return Date Time: |  |

* Form requires three (3) signatures.
* You may fax this completed form to 439-7670, mail to P.O. Box 70653, or scan & email to [hilltb@etsu.e](mailto:hilltb@etsu.eud)du.
* An e‐mail will be sent to the ETSU global address of the driver to confirm the vehicle reservation. If you **do not** receive a confirmation email, please contact Tom Hill at 439-6028 to verify they have received your request.
* The Office of Facilities Management is open Monday thru Friday from **8:00** AM to **4:30** PM. Direct line is 423-439-6028.
* Damage Fee ‐ If the UGC is returned with damage, the department who reserved the vehicle will be responsible for the cost of all repairs. I have read and will abide by the requirements contained in the UCG Policy.

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| --- | --- | --- | --- | --- |
| Driver | Date |  | Supervisor | Date |

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Approval by Department Head/Chair Date

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**Facilities Management Review**

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_