



Vehicle Reservation Request
 125 West Walnut Avenue, Lompoc, CA 93436
 Phone: (805) 875-8100 Fax: (805) 736-5195

APPLICATION FOR VEHICLE USE REQUEST- Execution of this application does not confirm reservation. Please print clearly.
 For consideration, complete application must be submitted with appropriate reservation deposit and fees payable to the City of Lompoc.

Applicants/Organization Name: _____ Todays Date: _____
 Secondary Contact Name: _____ Secondary Contact Phone: _____
 Address: _____ City: _____ Zip: _____
 Daytime Phone: _____ Evening Phone: _____ Cell: _____
 Fax: _____ E-mail: _____

Type of Rental (check one): () Private/Commercial () Non- Profit () Government/Education Agency
 Purpose of using the vehicle: _____
 **Date: _____ **Day(s): _____
 *Time of Departure: _____ Location of Departure: _____
 *Return Time: _____ Ending Destination: _____
 ** Recreation Supervisor must receive request 3 weeks in advance. * There is a 3-hour minimum for use of vehicles.

Anticipated Number of Passengers: _____
 Will there be passengers with physical disabilities? () Yes () No
 If Yes please explain: _____

Will there be anything transported in vehicles other than people? () Yes () No
 If Yes please explain: _____

Vehicle (Please Check One)

<input type="checkbox"/> 7 Passenger Van + Driver (#0033)	<input type="checkbox"/> 14 Passenger Van + Driver (#06172)
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Lompoc Recreation Division reserves the right to charge your credit card up to \$500 for lost keys or damage to the rented vehicle and/or its properties. All requests are not complete until approval from Recreation Supervisor has been obtained

Price includes: vehicle, gas for the length of trip, driver, and transportation to and from destination.

7 Passenger Van + Driver

14 Passenger Van + Driver

A credit card must be on file to secure rental

Minimum 3 hours: \$75

Minimum 3 hours: \$90

Additional Hours: \$25

Additional Hours: \$30

-For Office Use Only-

Contract #: _____	Reservation taken by: _____
Reservation Fee Paid () Y () N	Date Balance Paid: _____ Supervisor Approval: _____
Date Driver Contacted: _____	Driver: _____
Commission Report () Y () N	Month _____