



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.

Applicant's/Organization Name: _____ Today's 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)

____ 7 Passenger Van + Driver (#0033) _____ 20 Passenger Bus + Driver (Wheelchair accessible) (#1694)

Reservation dates are not held without the deposit. Lompoc Recreation Division reserves the right to withhold payment of deposit 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

Refundable Deposit \$100
 Minimum 3 hours: \$75
 Additional Hours: \$25

20 Passenger Bus + Driver

Refundable Deposit \$140
 Minimum 3 hours: \$105
 Additional Hours: \$35

-For Office Use Only

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