

RITZVILLE SCHOOL DISTRICT #160 REQUEST FOR VEHICLE

Complete one request per vehicle needed

Destination: _____ Purpose of the Trip: _____

Type of vehicle desired _____ No. of Passengers _____

Date & Time of Departure: Date: _____ Time: _____ Time of Return: _____

Requested by _____ Date Requested: _____ Principal/Supervisor _____

The vehicle MUST be locked when unattended and the INTERIOR of the vehicle MUST be cleaned after returning from a trip.

Information in the box MUST be completed by the DRIVER

Start Mileage: _____ Stop Mileage: _____ Total Mileage: _____

Vehicle: _____ Fuel during trip: _____ Gallons / at _____ miles.

IN CASE OF AN ACCIDENT

Notify police while at the scene of the accident. Do NOT move vehicle until accident has been investigated.

Do NOT make admission of liability or guilt to anyone.

Complete accident form. **Our insurance agent is Canfield & Associates 1-800-407-2027.**

Call School administration at 659-1660 or bus garage at 659-0820 in case of accident or emergency.