



Motion Picture/Television

Course Name and Number:			
Prod. #:		Production Title:	
Producer:		Director:	

VEHICLE REQUEST FORM

TODAY'S DATE: _____

DATE & TIME VEHICLE WILL BE TAKEN: _____

DATE & TIME VEHICLE WILL BE RETURNED: _____

VEHICLE REQUESTED:

- Pickup Truck Grip Truck Camera Truck Passenger Van
 Generator

VEHICLE USE:

- STUDENT USE

NAME: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

- FACULTY USE

NAME: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

EXPLAIN IN DETAIL YOUR REASON FOR USE OF SCHOOL VEHICLE:

Signatures:

Person Checking Out Vehicle Date

Production Coordinator or Head of Production Date