



## GOLF CART AND SERVICE VEHICLE SAFETY POLICY VEHICLE INFORMATION FORM

This form shall be completed by the department head and attached to each requisition for purchase of golf carts and service vehicles.

Name of Individual Initiating Purchase: \_\_\_\_\_

Department: \_\_\_\_\_

Campus: \_\_\_\_\_ Room Number/Building: \_\_\_\_\_

Overnight parking and charging location (be specific): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*I have read the RMU Golf Cart and Service Vehicle Safety Policy and acknowledge that my department is able to comply with all requirements of this Policy.*

*I acknowledge that all members of my department, who shall be granted the privilege to operate golf carts on RMU premises, shall be required to comply with the requirements of this Policy.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Department Head*

Name of Purchasing Agent: \_\_\_\_\_

Purchase Order No.: \_\_\_\_\_ Date: \_\_\_\_\_

***Purchasing Agent: Please forward to Environmental Health and Safety.***