



**WEBB COUNTY
FORFEITED/DONATED
VEHICLE PROTOCOL FORM**

TO BE COMPLETED BY DEPARTMENT RECEIVING VEHICLE

Vehicle was seized by: (please check) Sheriff X District Attorney _____
Department receiving vehicle: webb county sheriff s office


In your current budget, do you have: (please check)

A mileage line item? Yes _____ No X
A fuel/lubricant line item? Yes X No _____
A repairs & maintenance line item? Yes X No _____
Are you replacing a vehicle? Yes _____ No X

Number of County vehicles currently in your department: _____

Who are the employee (s) who will be assigned to donated vehicle, and have they met the following requirements?

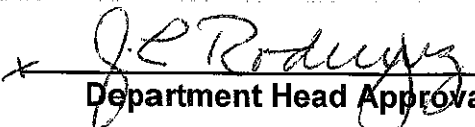
EMPLOYEE NAME	DRUG & ALCOHOL	DRIVER ORIENTATION SCHEDULED DATE
All webb county sheriff office employees	<u> TBA </u>	<u> TBA </u>

 Department Head/Elected Official Signature

12/22/15
Date

TO BE COMPLETED BY ROAD & BRIDGE

What is the current mileage of the vehicle? 86,750
Does the vehicle meet state inspection standards? yes
Estimated cost of repairs: \$700.00
Estimated Blue Book Value: \$2,156

 Department Head Approval

Department Head Denial

COMMISSIONER'S COURT DATE OF APPROVAL _____

Minutes must be attached

TO BE COMPLETED BY THE PURCHASING DEPARTMENT

VIN 3VWHF11K16M606403 License _____
 Year 2006 Make VOLKSWAGON Model BORA
 Will vehicle be: (please check)
 An unmarked vehicle? Yes _____ No _____
 An exempt vehicle? Yes _____ No _____
 Has the title for this vehicle been received? Yes _____ No _____
 (Copy of title must be attached)

Purchasing Signature **Date**

TO BE COMPLETED BY THE RISK MANAGEMENT DEPARTMENT

Has compliance with the following policies been met?

EMPLOYEE NAME	MVR	DRUG & ALCOHOL	DRIVER ORIENTATION SCHEDULED DATE

Has the vehicle been: (Please check and initial)
 Issued a liability insurance card? _____
 Added to the Automobile Liability Insurance? _____

Risk Management Department **Date**

TO BE COMPLETED BY ROAD & BRIDGE

What is the vehicle's Unit Number? _____
 Has a key been issued? Yes _____ No _____
 Have other devices, if necessary, been installed? Yes _____ No _____
 Has the vehicle been added to the County Vehicle Inventory? Yes _____ No _____

Department Head Signature **Date**

