

## WEBB COUNTY FORFEITED/DONATED VEHICLE PROTOCOL FORM

TO BE COMPLETED BY DEPARTMEN	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 Date						
TO BE COMPLETED BY ROAD & BRIDGE						
What is the current mileage of the vehicle?  Does the vehicle meet state inspection standards?  Estimated cost of repairs:  Estimated Blue Book Value:  Department Head Approval  Department Head Denial						
COMMISSIONER'S COURT DATE OF APPROVAL						

TO BE COMPLETED BY THE PURCHASING DEPARTMENT				
Year DOGF54XY9F2238 Year DOO Make Will vehicle be: (please check) An unmarked vehicle? An exempt vehicle? Has the title for this vehicle been (Copy of title must be attack)	Yes _ received?			
Purchasing Signature			Date	
TO BE COMPLETED BY THE I	RISK MANAG	EMENT DEPA	ARTMENT	
Has compliance with the following	g policies bee	n met?		
EMPLOYEE NAME	MVR	DRUG & ALCOHOL	DRIVER ORIENTATION SCHEDULED DATE	
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Has the vehicle been: (Please che Issued a liability insurance Added to the Automobile I	e card?		·	
Risk Management Department			Date	
TO BE COMPLETED BY ROAL	D & BRIDGE			
What is the vehicle's Unit Number Has a key been issued? Have other devices, if necessary Has the vehicle been added to the	, been installe		Yes No Yes No ? Yes No	
Department Head Signature			Date	

