

DEPARTMENT OWNED EQUIPMENT INFORMATION

Use this form to provide the required information for your department owned equipment to University of Michigan (U-M) Logistics, Transportation and Parking (LTP) Fleet Services.

Form Instructions:

- **Complete** each section of the form
- Print and fax this form to (734) 763-1470 or email to ltp-fleet@umich.edu

Equipment Information

Unit # (if you have your own unit #'s otherwise leave blank – LTP Fleet Services will issue U-M #) _____

Year _____ Make _____ Model _____

Serial # _____ Color _____

Equipment type (ie. sedan, 4x4 pickup w/plow, front end loader) _____

Meter Type (miles, hours) _____ Meter Reading _____

Fuel Type (biodiesel, unleaded, ethanol) _____ GVWR _____

Engine Size _____ Tire Size _____

Acquisition Information

Vendor Name _____

Purchase Order # _____ Purchase Price _____

Acquisition/Arrival Date _____ In Service Date _____

Contact Information

Contact Name _____

Phone # _____ Email _____

Department _____

Address _____ Shortcode _____

Fleet Services use only

Tech Spec _____ License Plate _____