



STATE OF DELAWARE
OFFICE OF MANAGEMENT AND BUDGET
OFFICE OF FLEET SERVICES
REQUEST FOR BLOCKED VEHICLE FROM DDDS

AGENCY NAME/ADDRESS:

DDDS COMMUNITY SERVICES FLEET AUTHORIZATION:

- DDDS OPERATIONS
- PROVIDER/RESIDENTIAL PROGRAM
- PROVIDER/DAY PROGRAM

GROUP HOME CONTACT:
BUSINESS EMAIL:
CONTACT PHONE NUMBER:

REQUESTED VEHICLE TYPE:
SITE LOCATION/ADDRESS:
REQUESTED START DATE:

Cost justify the need for requesting a vehicle larger than a mid-size sedan or requesting a specialized vehicle:

Signature of Authorized Community Services Manager (Print Name) Date
**Signature required only for vehicles larger than mid-size sedan*

OBCBS CONTACT:
BUSINESS EMAIL:
CONTACT PHONE NUMBER:

D/D/S (BILLING) CODE

Signature of Authorized OBCBS Manager (Print Name) Date

DATE SENT TO OMB/FLEET:

ATTACHED IS ASSIGNMENT/ACKNOWLEDGEMENT