

GASOLINE-DIESEL FUEL FOB ADD/CHANGE/DELETE/REPLACE REQUEST FORM

NAME: _____
DEPARTMENT: _____
DEPT. CODE: _____
PHONE NO : _____

DATE: _____
REQUESTER: _____
W/O NO : _____
IPO NO : _____
UDO # : _____

SEND OR FAX THIS FORM

TO: IP&O Warehouse
110 Ethel Rd W., Suite C
Phone: 848-445-2315
Fax: 732-445-4876

IMPORTANT: TYPE OF FOB

_____ DIESEL
_____ GAS

For a replacement vehicle (new vehicle replacing existing vehicle), complete **SECTION I**
For an addition to the fleet (new vehicle NOT replacing an existing vehicle), complete **SECTION II**
For a lost, stolen or broken fob, complete **SECTION III**
To notify us to cancel a fob for a vehicle no longer in your department (and not replaced), complete **SECTION IV**

SECTION I – REPLACEMENT VEHICLE	
<u>OLD VEHICLE</u>	
VEHICLE NUMBER:	_____
KEY NUMBER:	_____
LICENSE PLATE NUMBER:	_____
DESCRIPTION:	_____
<u>NEW VEHICLE</u>	
VEHICLE NUMBER:	_____
LICENSE PLATE NUMBER:	_____
DESCRIPTION:	_____
NOTE: THE OLD VEHICLE FOB WILL BE CANCELLED AND A NEW FOB WILL BE ISSUED FOR THE NEWLY AQUIRED VEHICLE.	

SECTION II – ADDITION TO FLEET	
VEHICLE NUMBER:	_____
LICENSE PLATE NUMBER:	_____
DESCRIPTION:	_____

SECTION III – LOST / BROKEN FOB	
VEHICLE NUMBER:	_____
ASSET NUMBER:	_____
LICENSE PLATE NUMBER:	_____
DESCRIPTION:	_____

SECTION IV – DELETE VEHICLE	
VEHICLE NUMBER:	_____
FOB NUMBER:	_____
LICENSE PLATE NUMBER:	_____
DESCRIPTION:	_____