OKLAHOMA
Office of Management
& Enterprise Services

Request for Monthly Lease

NOTE: This form must be completed, signed by the agency, and submitted:
emailed (fmd.lease@omes.ok.gov), or faxed (405) 525-2682, or hand delivered prior to or at the time of vehicle pick up at:
Fleet Management Department, 317 N.E. 31st Street, Suite A, Oklahoma City, OK 73105-4003

Requested Vehicle Category (check one):

☐ Compact Sedan ☐ Mid-size Sedan ☐ Full-size Sedan ☐ Minivan-Pass ☐ Maxivan-Pass ☐ Truck

☐ Compact SUV ☐ Mid-size SUV ☐ Full-size SUV ☐ Minivan-Cargo ☐ Maxivan-Cargo ☐ Other

Request Information (check one & provide additional information):

☐ Additional Unit ☐ Replacement - Unit Leased Unit #: _____ ODO: _____ Returned Unit #: _____

Base Monthly Rate _____ Billing Code: _____

Monthly Fuel Cost Est _____ Expected Miles/Month*: _____

Monthly Usage Cost Est $ 0 = Est Monthly Usage 0 at _____ per mile (after 1,000 miles/month)

Total Monthly Budget Est $ 0 Note: tolls and accident deductible are not included

**Per 74 O.S. 78 B.8. justify, if less than 1,000 miles per month* _____

Vehicle Markings (check one):

☐ Marked as FMD ☐ Marked as Agency ☐ Other: _____

☐ No Markings – Per *74 O.S. 78 D.5.* provide justification: _____

Agency Information:

Agency: _____ Division: _____

Vehicle's primary location: City & Zip Code: _____ County: _____

Vehicle driven from home to work: ☐ No ☐Yes - submit OMES Form FM 022

Primary driver's Employee ID: _____ ➢ Must submit OMES Form FM 015C for **ALL** vehicle drivers

Preferred Pick-up Date and Time:

Date: _____ Time (check one): ☐ Morning ☐ Afternoon ☐ Specific Time: _____

Agreement:

The Agency is responsible for thoroughly instructing any driver authorized by the Agency to drive the vehicle named in this lease about the requirements stated in the Driver Responsibility Certification (OMES Form FM 015C); and, ensuring each driver agrees to comply with the requirements by requiring each driver to sign a Certification.

The undersigned, being duly authorized to sign a state vehicle lease on behalf of the Agency named herein, has read and understands the terms contained in this state vehicle lease (OMES Policy FM L001) and hereby affirms that use of this vehicle will be strictly limited to the employees of the Agency named herein and any driver assigned to drive the vehicle will be properly instructed.

_____	_____	_____
Agency Fleet Administrator Signature	Print Name and Title	Date
_____	_____	
Telephone	Email	