Hoopa Valley Tribal Council

HOOPA VALLEY TRIBE

Regular Meetings on the First and Third Thursday of Each Month

P.O. Box 1348 • HOOPA, CALIFORNIA 95546 • Phone 625-4211 • Fax 625-4594

APPLICATION TO USE THE TRIBAL VAN

NAME OF DEPARTMENT: _____

PURPOSE: _____

RESPONSIBLE PARTY: _____

DRIVER'S NAME: _____

DRIVER'S LICENSE #: _____

DATE OF USE: _____

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All Tribal departments and entities will be charged 10 cents per mile. In order to use the tribal van it shall be required to submit a completed requisition and attach the requisition to this application (with appropriate signature/account number).

I understand that I am responsible for any damages to the tribal van while in my possession. This includes traffic tickets, internal and external repairs or replacements.

I further agree to return the van at the full level of fuel and oil.

_____ _____

Signature of Responsible Party Date

Is completed requisition attached: _____Yes _____No

Request to use the tribal van is:_____Approved _____Disapproved

Reason for disapproval: _____

_____ _____

Property Manager Date