

INFORMATION SHEET FOR PRIVATE AUTOMOBILE ALLOWANCE

Instructions: This form is to be filled out and submitted to the employing department by each employee receiving a private auto allowance. A revised form must be submitted whenever the information reported on this form changes.

DEPARTMENT OR BUREAU:	DATE:
EMPLOYEE'S NAME:	JOB TITLE:
Automobile Insurance –	
Name of Insurer:	
Policy No.:	
Expiration Date:	
Is your Insurer aware that you operate your car on City business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Annual auto insurance premium: \$	
Coverage – Property Damage : \$	Public Liability: \$
What is the character of your driving on City business? City-wide <input type="checkbox"/> District <input type="checkbox"/>	
If you are assigned a district, what are the boundaries of the district?	
What is your home address?	
Where do you report to work (<i>base location</i>)?	
How many miles from home to your base location (<i>one way</i>)?	
If you are assigned a regular district, what is the mileage from the station at which you report for work to the nearest limit of your district?	
What equipment must you carry in your car to perform your work?	

CERTIFIED BY:

Employee's Signature: _____

Willful falsification of information on this statement will be deemed grounds for dismissal.