



UNIVERSITY OF
Rhode Island
 DEPARTMENT OF SAFETY AND RISK MANAGEMENT
 177 Plains Road, ; Kingston, RI 02881-0801
 Contact Person: Anne Gregson, ACSR, Dept. Coordinator/SRM
 Phone 401.874.2591 Fax 401.874.9269
 E-mail: anne@uri.edu

RENTAL VEHICLE NOTIFICATION

For Business Use Only. Not for use for Personal rentals.

This form is to be completed and returned to the attention of Anne Gregson, Coordinator/URI Safety and Risk Management office as soon as possible upon vehicle rental or completion of rental period. A copy of the rental contract is to be provided with this form. If rental is obtained through State's Travel Agent (Donovan), please provide a copy of itinerary or TAR indicating that rental is in the name of the University.

VEHICLE INFORMATION: Year: _____ **Make:** _____ **Model:** _____

VEHICLE IDENTIFICATION NO. _____

SPECIFIC DATES OF RENTAL (Business Only) : _____

NAME OF RENTAL AGENCY: _____

If this is a 15-passenger van, has the driver taken the University 15-passenger drivers training? Y____ N____
 If Yes, when? _____ Driver's Name _____

NOTE: If the driver of the van has not taken the appropriate training, this form will be returned to you and your request for coverage denied by this office.

URI DEPARTMENT NAME: _____

DEPT. CONTACT PERSON: _____ **PHONE:** _____

FAX: _____ **E-MAIL:** _____

YOUR DEPARTMENT WILL BE CHARGED \$75/PER VEHICLE / PER RENTAL PERIOD

IS THIS A GRANT CFS: _____ **YES** _____ **NO**

PEOPLESOFT CHARTFIELD STRING: _____

Please be sure you check with your Department's Business Manager to be sure you are providing the correct number.

SEND FORM TO: ANNE GREGSON, ACSR
 DEPT. COORDINATOR
 URI SAFETY and RISK MANAGEMENT
 177 PLAINS ROAD ; KINGSTON CAMPUS
 Phone: 874-2591 ; Fax: 874-9269 ; E-mail: anne@uri.edu