

**AUBURN UNIVERSITY  
SERVICE VEHICLE DECAL  
REQUEST FORM**

**DEPARTMENT/CONTACT INFORMATION**

*In order to expedite your request, please type all information onto form.*

DATE OF REQUEST: \_\_\_\_\_  
REQUESTING DEPT: \_\_\_\_\_ DEPT. ADDRESS: \_\_\_\_\_  
DEPT. PHONE NUMBER: \_\_\_\_\_ DEPT. FAX NUMBER: \_\_\_\_\_  
REQUESTOR'S NAME: \_\_\_\_\_ REQUESTOR'S E-MAIL: \_\_\_\_\_

**STATE VEHICLE INFORMATION**

VEHICLE YEAR: \_\_\_\_\_ VEHICLE MAKE/MODEL: \_\_\_\_\_  
INTENDED USE OF VEHICLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
LOCATIONS VEHICLE IS TO BE PARKED OVERNIGHT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
AUTHORIZED SIGNATURE: \_\_\_\_\_

*Please send the original, completed form to The Assistant VP for Auxiliary Services Office at 102 Samford Hall.  
All questions pertaining to service vehicle decal requests should be directed towards the Assistant VP for Auxiliary  
Services Office at 4-4190 or [auxiliarserv@auburn.edu](mailto:auxiliarserv@auburn.edu).*

**FOR OFFICE USE ONLY**

**REVIEWER ONE**

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**REVIEWER TWO**

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**REVIEWER THREE**

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**AUTOMOTIVE**

ASSIGNED DECAL NUMBER: \_\_\_\_\_ AUTOMOTIVE SHOP AUTHORIZED SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

*Once decal is assigned and form signed, please fax a signed copy to 4-4238 and send original to 102 Samford Hall.*