State of CA Employee Specialty Vehicle Reservation Form

Please use this form to request a specialty rental through Enterprise Rent-A-Car. Complete the information below and return the form via email to CALGOVARADMIN@EHL.COM. If you have any questions, regarding the form you can contact CalGov at (916) 787-4500. All items below with the (*) are mandatory lines and should have the correct information listed. Only one email confirmation can be sent, so put the email for the person who needs to receive the reservation confirmation on that line.

*Renter’s First/Last Name: ____________________________________________

*Renter’s Phone number: ____________________________________________

Requested by Name: ____________________________________________
If Different

*Email for Confirmation: ____________________________________________

*Account Number: ____________________________________________
Example: XZC####

PO/Billing Reference #: ____________________________________________
Example: Index/PCA#/cost code

*Pick-Up Date & Time: ____________________________________________

*Pick-Up Location city & zip: ____________________________________________

*Return Date & Time: ____________________________________________

*Return Location city & zip: ____________________________________________

Vehicle(s) Needed (Select all those needed):
(If more than 1 of any car class is needed, note it after the car class. Example by the SUV)

☐ Large SUV *(#)
☐ Electric/Hybrid Vehicle (___)
☐ 12 Passenger Van (___)
☐ 15 Passenger Van (___)
☐ Cargo Van (___)
☐ Mini or High Roof Cargo Van (___)
☐ ¾ Ton Pickup Truck (___)
☐ 15’ Cutaway Truck (___)
☐ 16’ Box Truck (___)
☐ 24’ Box Truck (___)
☐ 26’ Box Truck (___)
☐ 14-16’ Stake Bed (___)
☐ 20-24’ Stake Bed (___)

Additional Information/Notes: ____________________________________________