

State of CA Employee
Specialty Vehicle Reservation Request 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 CalGovAcctSup@ehi.com and copy (Cc) StatewideTravelProgram@dgs.ca.gov.** 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. **Please send any specialty requests in at least 48 hours prior to the requested pick-up date to ensure proper time to check vehicle availability.**

*Renter's First/Last Name: _____

*Renter's Phone number: _____

*Email for Confirmation: _____

*Account Name: _____

Account Number (if know): _____

PO/Billing Reference #: _____

*Pick-Up Date & Time: _____ / _____ / _____ @ _____ :

*Return Date & Time: _____ / _____ / _____ @ _____ :

*Rental Location (City/Zip): _____

Please note: All vehicles rented from Rent-A-Truck locations must be returned to the branch where the vehicle is picked up.

Additional Information/Notes: _____

Vehicle(s) Needed: select all that apply to this request and indicate if multiple vehicles are needed after the car selection.

Example: ☒ Cargo Van (2)

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| ☐ Cargo Van – select size: |
| Standard () Mini () High Roof () |
| ☐ ¾ Ton Pickup Truck () |
| ☐ 1 Ton Pickup Truck () |
| ☐ 1 Ton Utility Body Truck () |
| ☐ 15' Cutaway Truck () |
| ☐ 16' Box Truck () |

- | |
|---|
| ☐ 14-16' Stake Bed () |
| ☐ 20-24' Stake Bed () |
| ☐ Dump Truck () * |
| ☐ Refrigerated Cargo Van () * |
| ☐ Refrigerated Box Truck () * |

**Where available – vehicles may not be available in all rental areas.*