



## Incidental Use Form

Agency Name: \_\_\_\_\_

Describe the Incidental Use: \_\_\_\_\_

\_\_\_\_\_

Date of Incidental Use: \_\_\_\_\_

Did the Incidental Use Interfere with Public Transportation – Yes or No: \_\_\_\_\_

Explain Answer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Duration of Incidental Use: \_\_\_\_\_

Mileage Duration of Incidental Use: \_\_\_\_\_

VIN(S): \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_