COLORADO DEPARTMENT OF TRANSPORTATION MOTOR POOL SERVICE REQUEST

Date:	Time:	Current mileage:
Deliver Vehicle to HQ Motor Pool 2301 W. 11th Ave., Denver CO 80205		
What is the vehicle's	license plate number	?
Year:	Make:	Model:
Is your windshield:	☐ OK ☐ Chipped	☐ Cracked (Requires replacement)
Are there any warning indicators lit? (Check Engine, Service Due, Tire Pressure, etc.—please specify):		
Contact Name:		Contact phone #:
E-mail address:		
Supervisor Name:		Supervisor phone #:
Agency:		
Address:		
we may best addres	ss ALL of your vehicle's	
•	e to drop off your vehic	
Date:	d vour vohiala aamalai	Time:
By when do you nee Date:	d your vehicle comple	Time:
For Motor Pool service, please e-mail this form to BOTH:		
Victor Santistevar ph: 303-534-0643		an@state.co.us AND Tom Pacheco: Tom.Pacheco@state.co.us ph: 303-534-1257