



Franklin County Department of Public Safety

Reserve 1 Check In / Out Log

Sign Out:

Date: ___/___/___ Time: _____ A.M. or P.M.

Agency: _____

Person Checking Out Vehicle: _____

Reason for Vehicle Use:

Mileage Out: _____ Fuel Level Out: _____ Unit Clean Out: Yes / No

Vehicle Inventory Out: Yes / No (Please attach completed vehicle check off sheet)

Person Checking Out Signature: _____

Public Safety Officer Signature: _____

Sign In: (Returned)

Date: ___/___/___ Mileage: _____ Fuel Level: _____

Person Returning: _____ Unit Clean Returned: Yes or No

Vehicle Inventory In: Yes or No (Please attach vehicle check off sheet)

Comments:

Person Returning Signature: _____

Public Safety Officer Signature: _____

