TAKE HOME VEHICLE AGREEMENT - POLICE USE

Emplo Name				
Job Title:		Dept/Div:		
Home Addre		City:	County:	
	Physical Address (Not mailing add	dress)		
I		, hereby ente	er into agreement thisday of	T.
	,, with the Towr	n of Longboat Key, with the following ur	nderstood restrictions and obligations:	
1.)	I hereby accept assignment of a vehicle owner	ed by the Town of Longboat Key to be	used as my take-home Police vehicle.	
2.)	I will use the vehicle solely for the assigned purpose as outlined in the Town of Longboat Key Police Department General Order 9012.			
3.)	I will notify the on-duty shift supervisor and/or the Division Commander of any incident or accident involving the assigned take home vehicle.			
4.)	I will provide for the reasonable security of the vehicle; drive the vehicle in a safe and orderly manner; ensure the vehicle is clean and properly maintained.			
5.)	I certify that I live within the boundaries as outlined in Longboat Key Police Department General Order 9012 and will notify my superiors and the Human Resources Department immediately of any change of address.			
6.)	I understand that vehicle use is a privilege provided to me by the Town, and can be withdrawn at any time and does not constitute a property right.			
7.)	I understand, acknowledge and accept that the duty assignment.	he assignment of a vehicle is based on	the availability of vehicles, officer's seniority	/, and
8.)	I understand, acknowledge, and accept that, responsible and civilly liable in tort, and can be a macting outside the course and scope of runderstand, acknowledge and accept that the duty motor vehicle accidents in that police takemployment with the Town – see City of Winderstand, acknowledge and accept that the duty motor vehicle accidents in that police takemployment with the Town – see City of Winderstand	be sued, for any motor vehicle accident(my governmental employment at the tim e Town of Longboat Key cannot be held ke-home vehicle occurring while I am dr	s) which occur in the police take-home veh ne of any motor vehicle accident, and furthe I civilly liable in tort under that statute for an iving it outside the course and scope of my	icle while rmore ny off-
I have rea	ad and understand the above restrictions and	obligations and agree to the terms set for	orth.	
Signature	<u>:</u>	Date:		
	OF FLORIDA, COUNTY OF MANATEE going instrument was acknowledged before me			
by		, who is person	ally known to me or who has produced	
	as identification	on.		
Notary Po	ublic:	My Commissio	n Expires:	
	mended n Director:		Date:	ı
	mended		Date	
	nant Divastavi		Date:	
APPRC Town M	OVED Manager:		Date:	