

Bannock County

VEHICLE ASSIGNMENT AGREEMENT

The undersigned hereby acknowledges receipt of a Bannock County-owned or insured vehicle. I understand that this vehicle is to be regularly maintained and serviced, according to the service schedule outlined in the owner's manual or the instructions issued by the Shop Supervisor, whichever is appropriate.

Further, it is agreed this vehicle will be operated in a safe manner and in compliance with this policy. I agree to be responsible for all traffic and parking violations that occur while the vehicle is assigned to me.

I agree to abide by all safety requirements when using Bannock County-owned or insured vehicles, including the wearing of any appropriate County-required safety equipment as directed (e.g. helmets, shoes, long pants, etc., when operating an ATV and motorcycles).

I understand articles of this agreement apply regardless of who is operating this vehicle.

I agree to promptly report all accidents or incidents resulting in injury or damage to the vehicle or other property, no matter how slight.

I understand I am required to maintain a valid driver's license. Further, I herewith grant Bannock County the right to investigate my driver's license record any time.

My current driver's license is issued from the State of _____
and is License Number: _____.

I understand the operation of this vehicle in a safe operating condition is my responsibility. If this vehicle becomes unsafe, it is my responsibility to notify my supervisors immediately.

I have read and agree to the provisions of this vehicle assignment agreement and the requirements of the Bannock County Vehicle Use Policy.

Print Full Name: _____

Signature: _____ **Date:** _____

**ACKNOWLEDGMENT OF RECEIPT OF THE
Bannock County Vehicle Use Policy**

I, _____ acknowledge receipt of the Bannock County Vehicle Use Policy, adopted by the Bannock County Commissioners in R.S. No. 2018-106.

Please initial each statement below if it is true.

____ I understand that it is my responsibility to read and understand the contents of this Policy.

____ I understand that I am obligated to perform my duties of employment in conformance with the provisions of this Policy and any additional rules, regulations, policies or procedures imposed by the department in which I work whether or not I choose to read the Policy.

____ I understand that this Policy may be modified without prior notice to me.

____ I understand that should this Policy be modified that I will be provided with a copy of the modification.

DATED this _____ day of _____, 20 ____.

(Employee Signature)

I, _____, provided a copy of the Bannock County Vehicle Use Policy to _____, on this _____ day of _____, 20 ____.

(Name - Title - Department)