

SYNOVIA – VEHICLE CHANGE REQUEST

DATE: _____

1. DEPARTMENT CONTACT:

i Requester Name: _____ Phone Number: _____
Department Name: _____
PRIMARY Department: _____

2. NEW VEHICLE INFORMATION:

i Request to enter a new vehicle into Synovia:

1. Vehicle Number: _____ 5. Vehicle Model: _____
2. VIN#: _____ 6. Vehicle Year: _____
3. Driver: _____ 7. Vehicle Type: _____
4. Vehicle Make: _____ 8. New Unit Number: _____

3. VEHICLE TRANSFER, SURVEYED OUT or TRADED IN:

i Request to remove or change primary department on vehicle in synovia:

VEHICLE NUMBER: _____

TRANSFER WITHIN FS: New Primary Department: _____ (see examples above)

TRANSFER OUTSIDE FS, SURVEYED OUT, or TRADED IN:

Was the GPS Removed: Yes _____ No _____ Location of old GPS Unit: _____

4. GPS CHANGE REQUEST / ADD or DELETE USER:

i Below please check the box below on the change you are requesting.

GPS CHANGE REQUEST _____

DELETE or ADD USER: _____

Vehicle Number: _____

Name (Remove User): _____

New GPS Unit Number: _____

Name (Add User): _____

Reason for Change: _____

New User Email: _____

New User Work Phone #: _____

New User Cell phone # _____ Carrier: _____

5. ADDITIONAL NOTES:

i Please use this box to add additional information to process your request.

Please open this PDF in Adobe Reader or Acrobat and use SUBMIT button below to send - or you can manually attach and e-mail this PDF form to: FS-Synoviaadmin@ad.ufl.edu
For Questions you can contact Tricia Coraggio at 352-294-0641 or Sherry Vaughan at 352-294-0654