



# Request for Acceptance of Donation of Motor Vehicle

I wish to donate a (please check one) <input type="checkbox"/> Automobile <input type="checkbox"/> Motorcycle <input type="checkbox"/> Trailer <input type="checkbox"/> Other: _____						<b>MAINTENANCE OFFICE USE ONLY</b>	
Donation made to (Campus / Department / Organization ) Name						County: _____	
Purpose of Donation						DOC #: _____ <input type="checkbox"/> SPV <input type="checkbox"/> Appraisal Value \$	
Vehicle Identification Number		Year	Make	Body Style	Model	Major Color	Minor Color
License Plate No.	Odometer Reading (no tenths)	This is the Actual Mileage unless the mileage is: <input type="checkbox"/> Not Actual <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Exempt		Empty Weight		Carrying Capacity (if any)	
Donor Type <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit						Donor FEIN/EIN	
Non-Profit Organizations, attach a copy of 501(c)(3) Tax Exemption Letter Letter Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain: _____							
ID Type		<input type="checkbox"/> U.S. Driver License/ID Card (issued by: _____)		<input type="checkbox"/> NATO ID		<input type="checkbox"/> U.S. Dept. of State ID	
		<input type="checkbox"/> Passport (issued by: _____)		<input type="checkbox"/> U.S. Military ID		<input type="checkbox"/> U.S. Dept. of Homeland Security ID	
		<input type="checkbox"/> U.S. Citizenship & Immigration Services/DOJ ID		<input type="checkbox"/> Other Military Status of Forces Photo ID			
Donor First Name (or Entity Name)		Middle Name	Last Name		Suffix (if any)		
Additional Donor First Name (if applicable)		Middle Name	Last Name		Suffix (if any)		
Donor Mailing Address			City	State	Zip		
Donor Phone Number			Email				
Vehicle Location Address (if different from Donor)			City	State	Zip		
Vehicle drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain: _____							
Is the Donor(s) listed as the Owner on the Original Vehicle Title? If not, attach any legal notification, i.e. probate documentation.) <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain: _____							
Vehicle Titled in Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, which state? _____							
Donor able to provide Original Vehicle Title? Attach a copy of title. <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain: _____							
Is the Vehicle clear and free from liens? (Donor may have to provide a Release-of-Lien or Power-of-Attorney) <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, please explain: _____							

### ACKNOWLEDGEMENT

All statements in this document are true and correct to the best of my knowledge; and I deemed eligible for such donation.

Signature of Donor	Printed Name (Same as Signature)	Date
Signature of Additional Donor	Printed Name (Same as Signature)	Date
Signature of Owner	Printed Name (Same as Signature)	Date
Signature of Additional Owner	Printed Name (Same as Signature)	Date

\_\_\_\_\_(initials) **Disclaimer: I understand all motor vehicle donations are subject to review and approval by the District. I understand the decision for which motor vehicle donations are eligible for receipt are based upon many factors and must meet the criteria for acceptance as outline in Board Policy CDC(LOCAL); including and not limited to overall condition, age, mileage, reconditioning, repair costs, and location. EMS ISD will notify the donor(s) of a final acceptance or denial of said donation.**

**ADMINISTRATION APPROVALS ON PAGE 2**

**APPROVALS**

Donation Approved:  Yes  No

\_\_\_\_\_  
Signature (Principal or Department Administrator)

\_\_\_\_\_  
Date

Comments:

Donation Approved:  Yes  No

\_\_\_\_\_  
Signature (Deputy Superintendent)

\_\_\_\_\_  
Date

Comments:

Donation Approved:  Yes  No

\_\_\_\_\_  
Signature (Director of Maintenance)

\_\_\_\_\_  
Date

Comments:

Donation Approved:  Yes  No

\_\_\_\_\_  
Signature (Chief Financial Officer)

\_\_\_\_\_  
Date

Comments:

*(If Required)*

Donation Approved:  Yes  No

\_\_\_\_\_  
Signature (Superintendent)

\_\_\_\_\_  
Date

Comments:

**BUSINESS OFFICE USE ONLY**

Board Approved (Date): \_\_\_\_\_

Notification Ltr Mailed (Date): \_\_\_\_\_