

**DVES FUEL TAG REQUEST FORM
(CANCELLATION)**

I, _____ (HOD / FLEET MANAGER), REQUEST A CANCELLATION FOR THE
BELOW FUEL TAG:

DRIVER'S NAME: _____

OR

VEHICLE LIC#: _____ / CONTAINER: _____

H.O.D / FLEET MANAGER SIGNATURE

DEPT: _____

DVES SIGNATURE

DATE: _____

CANCELLATION OF FUEL TAGS

FUEL TAGS ARE TO BE RETURNED FROM THE SAID DEPARTMENT TO DVES FOR DISPOSAL!