**WALDAA HAWAASA OROMOO MINESOOTAA**

**OROMO COMMUNITY OF MINNESOTA**



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**OCM Van request form**

Name of person requesting………………………………………………………………….

Address………………………………………………………………………………………

Phone number…………………………….

Name of Organization………………………………………………………………………….

Reasons of request or use of van ………………………………………………………………

…………………………………………………………………………………………………..

Date requested From………………………………. To………………………………………..

Driver Name……………………………………………………………………………………

Signature…………………………. Date…………………………………..

Comment……………………………………………………………………………………………

………………………………………………………………………………………………………

Authorized by …………………………………………

Signature …………………………...Date ……………………