GENERAL MOTORS FLEET
SPECIAL VEHICLE MANUFACTURER

FLEET RELEASE FORM

EMAIL **SVM.mailbox@gm.com**

DATE _____

TO SVM.MAILBOX@GM.COM **CODE**

FROM _____ 59- _____

COMPANY NAME _____ 56- _____

COMPANY REPRESENTATIVE _____ **PHONE** _____

EMAIL ADDRESS _____

PLEASE ADD THE FOLLOWING FLEET CODES TO EACH UNIT LISTED BELOW;

FLEET CODE (FAN #): PRIMARY: _____

SECONDARY (If Applicable) _____

OPTION CODES _____

DEALER CODE _____

DEALER NAME _____

BID ASSISTANCE # _____ - _____

ORDER #	VIN #