



**Jill A. Thompson**  
Athens County Auditor

**Athens County Vehicle Use Affidavit**

All Athens County employees that drive a county owned vehicle must complete the following form.

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Vehicle Use:**

Please check the appropriate answer: The Vehicle I drive is \_\_\_\_\_ Exempt \_\_\_\_\_ Non-exempt

If "exempt", please indicate the vehicle type;

\_\_\_\_\_ Clearly marked police or fire vehicle, or, unmarked law enforcement vehicle used exclusively for undercover work. Person driving the vehicle must have powers to arrest.

\_\_\_\_\_ Clearly marked police or fire vehicle. Person driving vehicle does not have arrest powers.

\_\_\_\_\_ Delivery truck with seating only for the driver.

\_\_\_\_\_ Flatbed Truck

\_\_\_\_\_ School or passenger bus with a capacity greater than 20 persons

\_\_\_\_\_ Cement, dump, or bucket truck.

\_\_\_\_\_ Specialized utility/repair truck

Regardless of the exempt or non-exempt status of the vehicle driven, the following information must be furnished on this form.

For the period of \_\_\_\_\_ through \_\_\_\_\_, please indicate the number of days the county vehicle was used for commuting purposes: \_\_\_\_\_ days. Do not include vacation, sick days, or holidays.

I hereby certify that this information is accurate to the best of my knowledge. I also understand that these amounts will be added to my first payroll in december and taxed appropriately.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Department Head Approval)

\_\_\_\_\_  
(Date)