



Month/Year: \_\_\_\_\_ Equipment Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Date	Driver's First and Last Name	Beginning Mileage	Ending Mileage	Number of Passengers	From	To



<https://bit.ly/2TL7AhL>



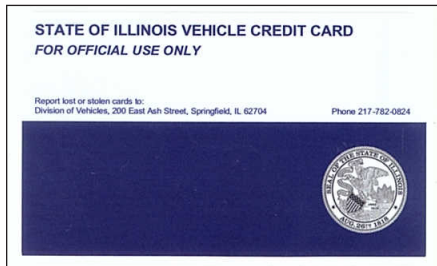
<https://bit.ly/2HSi5yi>

**After-Hours Emergency Roadside Assistance**  
**(800) 782-7860 (in Illinois) or (217) 782-7860 (Out-of-State)**  
**In Event of an Accident, Call 9-1-1**  
This vehicle is self-insured by the State of Illinois



Month/Year: \_\_\_\_\_ Equipment Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Date	Driver's First and Last Name	Beginning Mileage	Ending Mileage	Number of Passengers	From	To



<https://bit.ly/2TL7AhL>



<https://bit.ly/2HSi5yi>

**After-Hours Emergency Roadside Assistance**  
 (800) 782-7860 (in Illinois) or (217) 782-7860 (Out-of-State)  
**In Event of an Accident, Call 9-1-1**  
**This vehicle is self-insured by the State of Illinois**