

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 #
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