



Vehicle Change Form

School Board: The Board of Trustees of The Parkland School Division

Contact Name: _____ **Effective Date:** _____

Phone No.: _____ **Fax No.:** _____

Type of Change: **Addition** **Deletion** **Amendment**

Year / Make / Model: _____

Serial Number: _____

Use of Vehicle: _____ **Passenger Size:** _____

Unit No.: _____ **Does the vehicle have a wheelchair lift?** **Yes** **No**

Value (Excluding GST): _____

Contract Bus Operator (If Applicable):

Name: _____

Address: _____

Phone: _____

Loss Payable or **Lessor** **(Please provide full name and address)**

Coverages: Based on the type of vehicle being added, this will determine the level of coverage. Please refer to the Auto Insurance Policy.

Signature: _____

Position: _____

Dated: _____

Please Return To: **The Parkland School Division**
Attention: Gail Lewis email: gail.lewis@psd.ca
Attention: Roxanne Genereux/ email: Roxanne.genereux@psd.ca
Phone No.: 780-963-8453 / 780-963-8411