OhioDAS
General Services
Office of Risk Management

AUTOMOBILE PHYSICAL DAMAGE QUOTE REQUEST

Agency/Division: _____

Requested By: _____ **Date:** _____

Phone: _____ **Email:** _____ **Fax:** _____

Year	Make	Model	Vehicle Identification Number (VIN)	Purchase Price	Principle Location (county)

Submit completed form to: Traci Brodie, Office of Risk Management: fax (614) 466-0427, email traci.brodie@das.state.oh.us

CLEAR FORM

EMAIL FORM