ALTERNATIVE FUEL VEHICLES PURCHASE INFORMATION

*AGENCY NAME:				
*AGENCY NUMBER:				
*AGENCY ADDRESS:				
*AGENCY CONTACT:				
*PHONE: FA	AX:	EMAIL:		
*VEHICLE TYPE:(ex., mid -size s	edan)			
INFORMATION REQUIRED FOR CONTRACT)	ALL VEHICLES YOU PLA	N TO PURCHASE	(CONTRACT	AND NON-
*1. GVWR What is the Gross Vehicle Weight Rating? (for trucks only) (See contract, previous contract, or contact dealer for this information.)				
Parish? In what parish will the vehicle be located?				
*3. Will the vehicle be used 75% of the time in EPACT metropolitan area?			Yes	No
*4. Is this a law enforcement or emergency vehicle?			Yes	No
*5. Home storage?			Yes	No
*6. Off-road use. Will vehicle be used 100% of the time off-road? (EXAMPLE: Farming, construction)			Yes	No
If you have any questions, please	contact Richard Janis at (2	225) 342-3491 or by	email Richard	l.Janis2@la.gov
Please submit t his information to for this model year. After <u>LPA/</u> Office of State Purchasing and order will be processed. This tLPAA ¶ V Z H E <u>WWwWplala.la.gov</u>	A approves and returns denoted with your order of form may be accessed, of	this form to you , or requisition n completed and subm	it must be sul umber before nitted electron	bmitted to the e your vehicle ically from
	Order / Requisition No			
Alt Fuel Form #1				

(Rev. 6/4/2018)