NEVADA STATE ENERGY OFFICE
Alternative Fuel Vehicle Reporting Form

FLEET IDENTIFICATION

Fleet Name:_____

Local Name (optional): _____

Agency Name: _____

Contact Name: _____

Mailing Address: _____

City: _____

State: **NV**

Zip Code: _____

Contact Telephone Number: _____
FAX Number: _____
e-mail Address: _____

MODEL YEAR 2014 (September 1, 2013 – August 31, 2014)

Total Number of Vehicles in Fleet Statewide: _____

Total Number of Vehicles in Fleet, Clark & Nye Counties: _____

Total Light Duty Vehicles Acquired Statewide: _____

Total Alt Fuel Light Duty Vehicles Acquired State Wide: _____

Total Light Duty Vehicles Acquired in Clark & Nye Counties: _____

Total Alt Fuel Light Duty Vehicles Acquired in Clark & Nye Counties: _____

Total Emergency Vehicles Operated in Clark & Nye Counties: _____

Total Emergency Vehicles Acquired in Clark & Nye Counties: _____