NEVADA STATE ENERGY OFFICE Alternative Fuel Vehicle Reporting Form

FLEET IDENTIFICATION

Fleet Name:	
Local Name (optional):	
Agency Name:	
Contact Name:	
Mailing Address:	
City:	
State: <u>NV</u>	
Zip Code:	
Contact Telephone Number: FAX Number: e-mail Address:	
MODEL YEAR 2018 (September 1, 2017 – August 31, 2018)	
Total Number of Vehicles in Fleet Statewide (All model years):	
Total Number of Vehicles in Fleet, Clark & Nye Counties (All model years):	
Total Light Duty Vehicles Acquired Statewide:	
Total Alt Fuel Light Duty Vehicles Acquired State Wide:	
Total Light Duty Vehicles Acquired for Use in Clark & Nye Counties:	
Total Alt Fuel Light Duty Vehicles Acquired for Use in Clark & Nye Counties:	
Total Emergency Vehicles Operated in Clark & Nye Counties (All model years):	
Total Emergency Vehicles Acquired for Use in Clark & Nye Counties:	
Total Light-Duty Electric Vehicles Acquired for Use in Clark & Nye Counties:	

Biodiesel (Gal) Ued for blends of B20 or higher in Clark & Nye Counties: