



ELECTRIC VEHICLE CHARGING STATION REQUEST FORM

Please return this form to EVProgram@isd.lacounty.gov

County department: _____

Building name: _____

Building address: _____

Contact name: _____ Title: _____

Phone: _____ Email: _____

Facility Manager name: _____ Email/Phone: _____

Lot location: _____

Is the building/lot leased? YES NO

Is your building serviced by SCE, DWP, or other? _____

Estimated # of parking spaces available: _____

Estimated # of employees with electric vehicles: _____

How many charging stations are currently at your location? _____

Estimated # of charging spaces requested: _____

Have you spoken to your Budget Dept. about providing financing for charging stations?

 YES NO If yes, how much can they allocate? \$ _____

Finance contact name: _____ Email/Phone: _____

Other factors which may impact installation: _____

Which does the lot serve? (check all that apply) County employees County fleet Public