

VEHICLE INFORMATION FORM

ADOT Multimodal Planning Division
 206 S. 17th Ave. MD 310B, Room 340
 Phoenix, AZ 85007

Dear

In the section below, I am including the information needed to facilitate this transaction.

Agency Name:

For Coordination Purposes	
Select all that apply to this vehicle	
Bike Rack	
Ramp or Lift	
Farebox	
Under Warranty	
# of Securement Areas	
# of Seats	
Fuel Type	

ADOT Identified Vehicle Type (e.g. cutaway with lift)	Vehicle Make and Model	Vehicle Model Year	Current Vehicle Mileage	Delivery Date/ Date Put into Service	Date removed from Service	VIN Number	Original Purchase Cost with Identified Federal/ Local Match Ratios	Original Funding Year (Year of Award/ Agreement)	Original Agreement Number

We request vehicle transfer or disposition because

If you have any questions, please contact