

## VEHICLE DISPOSAL REQUEST 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 and contact information:

For Coordination Purposes						
Select all that apply to each vehicle						
Vehicle #	1	2	3	4	5	6
Bike Rack						
Ramp or Lift						
Fare box						
Under Warranty						
# of Securement Areas						
# of Seats						
Fuel Type						

	ADOT Identified Vehicle (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 (Exhibit A)	Original Funding Year (Year of Award/ Agreement)	Original Agreement Number (Exhibit A)
1										
2										
3										
4										
5										
6										

We request vehicle transfer or disposition because

Program Manager Approval Name and Date: