

VEHICLE INFORMATION FORM

City of Phoenix Public Transit Department
 302 N 1st Avenue, Suite 900
 Phoenix, AZ 85003

Dear Section 5310 Program Manager:

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	

COP/MAG 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