

Compressed Natural Gas Vehicles Application Form

Emergency and Transportation Revolving Fund Program

Priority #

() **Check one.** Convert existing vehicle(s): Purchase New CNG vehicle(s):
If New CNG purchase(s): Number of vehicle(s) disposed ____ Number of CNG purchase(s) ____
(Attach SA&I Form 397)
Cost Estimate: \$ _____
Commissioner. District: _____
County Shop: Latitude: _____ Longitude: _____
Description/Vehicles/Types _____

Fund reimbursement source: _____ Anticipated reimbursement date: _____

Office Use Only: Project Number: _____

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BOARD OF COUNTY COMMISSIONERS

County, Oklahoma

Date

Circuit Engineering District # _____

CED Executive Board Member

CED Approval Date

Chairman

Member

Member

Attest:

County Clerk