

## **EP-ACT Alternative Fuel Displacement Survey**

Fleet Name:		
Contact Name	:	
Email:		
Phone:		
4 11-		- Alexandra FR ACT last and 2
, _		ged from what you submitted to EP-ACT last year?
•	Yes	
•	<b>No,</b> all my fleet and station information	•
0 *	***  did not submit displacement numb	ers last year.
If Yes:		
	est way to update the changes to your i	fleet and fuel station information? (select one)
_	Schedule a call	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	Email any changes to Tony Bandiero	
_	Fill out excel spreadsheet (Tony will se	nd via an email)
_	Submit here	
0 -		
If No:		
Please confirm	your support for EP-ACT to reuse the	same information in this year's report.
01	<b>Yes</b> , please use the same information fo	or last year.
10	<b>No</b> please do not use my information in	n your displacement report this year.
_		
		r response in helping our coalition report our
regions displac	cement numbers!	
If No. This com	anlatas vaur sumvav	
IT INO: I DIS COM	npletes your survey.	
هم ما العالم ا		d far charing the floot and/or station information
	<i>,</i> , ,	for sharing the fleet and/or station information
	-	otal gallons or mileage by number of vehicles in each
class, alternative	e fuel type and gallons displaced or mileag	e per vehicle type.)
(Station informa	ation includes the number of any <b>new fue</b> l	ing stations your company installed in 2017. Provide type
	•	iesel, hydrogen). If electric charging also include number
	ts, the level type of charging (1 or 2) or DC	
•	Schedule a call	
$\bigcirc$ 9	Submit here	