

SFMTA EV CHARGING REBATE FORM

Applicant Name		Organization Name	
Fleet Owner Name		Phone Number	
Email Address			
Installation Address			
Number of Fleet Vehicles		Number of Stalls	
Type of Charging System		Power Output Capabilities	
Utility Provider		Installation Cost	
Requested Rebate Amount			

As an authorized representative of _____ taxi fleet operations, I _____ attest that our company will fully comply with the requirements of the TFCA grant and commit to utilize the rebate funded EV charging infrastructure for a minimum of 5 years.

Signature _____

Date: