

Fleet Services

5420 Rice Creek Prkwy, Arden Hills, MN

55112 Main Line: (651) 201-2524

FY26 Requisition for Leased Vehicle

Departments are required to prioritize fuel-efficient vehicles to support cost savings, and Minnesota Statutes, section 16C.137 and Executive Order 19-27 directed fuel reduction goals. This also supports the state's broader goals to reduce fossil fuel consumption and the resulting greenhouse gas emissions. Section 16C.135, subd. 3 requires agencies prioritize vehicle purchases in this preference order: 1) electric vehicle 2) hybrid electric vehicle 3) cleaner fuel vehicle; 4) vehicle powered by gasoline or diesel. Deviations must be approved by the Department's Commissioner and can occur only if the vehicle type is incapable of carrying out the purpose or the total life-cycle cost of ownership is greater than ten percent than the next type of vehicle in the preference order.

Organization / Agency:	M5 Dept. #:				
Fleet Administrator					
Name:	Phone Number:				
Address:					
City:	Stat	State: Zip:			
Email:					
Type of Vehicle Order:	New/ Additional	Replacement	Vehicle # Being Replaced		
Vehicle Requested:					
Justification for Minivan/SUV or Greenhouse Score below 7 (requires commissioner approval):					
Required Passenger Vehicle	Campus Patrol Facility/Gragement/Administrative K-9 Information: Average Number of	Other:	Heavy Duty Usage Passenger Use orted Daily: 1-2 3-5 6 or more		
	ecial Equipment or Options Request (There may be an additional cost if not included on contract i.e. color choice*, wer seat, accessibility ramps, security partitions, tow and plow packages, etc.):				
, , , , , , , , , , , , , , , , , , ,	, p				
*Color choices are NOT guaranteed					
License Plates:	Unmarked*				
City/County Tax Exempt	State Gove	rnment			
* Unmarked per M.S. 168.012 Subdivision 1c through 1k (include letter, on agency letterhead, for the use of the unmarked plate)					
Vehicle Decals:	"Fleet	Services"	Provided by Customer (prior to delivery)		
No decals (include justific	cation)		Customer Installing (after delivery)		

FY26 Requisition for Leased Vehicle (con't)

Lease Term:			Estimated Annual Mileage:		
Driver Information					
Various Drivers	Driver Name (if assigned)	:			
Address:		Phone Number:			
City:		State:	Zip:		
Email:					
Vehicle Overnight Park	king Location:				
Address:					
City:					
State:	Zip:				
Additional Billing Information (Optional): Invoice/Program/Order #:					
Unit Level 1:	Unit Level	2: Ur	nit Level 3:		
Customer agrees vehicle lease rates will begin at the time vehicle is picked up <u>or</u> 10 days from receipt of notification the new vehicle is ready for pickup, whichever comes first.					
Signature of Fleet Adn	ninistrator:		Date:		
Signature of Authorize	Date:				
Signature of Agency Co	Date:				
(Commissioner signature required for vehicles not meeting the Green Fleet Choice.)					
FLEET SERVICES USE	ONLY:	.			
Unit #:	PO #:		□ Political Sub□ No Telematics□ No Transit Tax□ No Fuel Card		
Class 5:	ML Term:	Tech Spec:	Profile:		
Request #:	Plate #:	PM Code:	Pick Up Date/ Mileage:		
	I				
Chargeback/Capital Adjustment	Vendor:	Quote #:	PO #		
Upfit Description:					
Alternate Description:					