DEPARTMENT OF ADMINISTRATION
FLEET SERVICES

Fleet Services
5420 Rice Creek Parkway, Arden Hills, MN 55112
Main Line: (651) 201-2524

FY27 Requisition for Leased Vehicle - Law Enforcement

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: **Department #:**

Fleet Administrator

Name: Phone Number:

Address:

City: State: Zip:

Email:

Type of Vehicle Order: ○ New/ Additional ○ Replacement *Vehicle # Being Replaced*

Vehicle Requested: Other (FSS Approved):

Primary Use:

☐ Marked Squad ☐ Unmarked Squad ☐ K-9 Unit

Telematics Install: ☐ Yes ☐ No

Special Equipment or Options Request *(There may be an additional cost if not included on contract i.e. color choice*, accessibility ramps, security partitions, tow and plow packages, etc.):*

License Plates:

○ Standard "Police" ○ Standard "Sheriff" ○ Unmarked * ○ None *(supplied by agency)*
○ Blackout "Police" ○ Blackout "Sheriff"

Vehicle Decals: ○ Installation by Vendor before pickup (and returned to Fleet)

○ No decals ○ Vendor pickup for install (picking up from Vendor) ○ Customer Installing after delivery

FY26 Requisition for Leased Vehicle - Law Enforcement (con't)

Lease Term: Choose one:	Estimated Yearly Mileage:

Driver Information

◯ Various Drivers ◯ Driver Name (if assigned):

Address:	Phone Number:
City :	State: Zip:
Email:	

Vehicle Overnight Parking Location:

Address:
City :
State: Zip:

Additional Billing Information (Optional) **Invoice/Program/Order #:**

Unit Level 1: **Unit Level 2:** **Unit Level 3:**

Customer agrees vehicle lease rates will begin at the time vehicle is picked up or 10 days from receipt of notification the new vehicle is ready for pickup, whichever comes first.

Signature of Fleet Administrator:_____ **Date:**_____

Signature of Authorized Signer:_____ **Date:**_____

Signature of Agency Commissioner:_____ **Date:**_____

(Commissioner signature required for vehicles not meeting the Green Fleet Choice.)

Print

FLEET SERVICES USE ONLY:

☐ **UPFIT NEEDED**
☐ ML Draw ☐ Political Sub ☐ No Telematics
☐ 5100 Fund ☐ No Transit Tax ☐ No Fuel Card

Unit #:	PO #:		
Class 5:	ML Term:	Tech Spec:	Profile:
Request #:	**Plate #:**	**PM Code:**	**Pick Up Date/ Mileage:**