



## ELECTRIC VEHICLE CHARGING STATION REQUEST FORM

Please return this form to [EVProgram@isd.lacounty.gov](mailto:EVProgram@isd.lacounty.gov)

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County department: \_\_\_\_\_

Building name: \_\_\_\_\_

Building address: \_\_\_\_\_

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Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Manager name: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

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Lot location: \_\_\_\_\_

Is the building/lot leased?                      YES                      NO

Is your building serviced by SCE, DWP, or other? \_\_\_\_\_

Estimated # of parking spaces available: \_\_\_\_\_

Estimated # of employees with electric vehicles: \_\_\_\_\_

How many charging stations are currently at your location? \_\_\_\_\_

Estimated # of charging spaces requested: \_\_\_\_\_

Have you spoken to your Budget Dept. about providing financing for charging stations?

                    YES                      NO                      If yes, how much can they allocate? \$ \_\_\_\_\_

Finance contact name: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Other factors which may impact installation: \_\_\_\_\_

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