



City of Riverside – Public Works Department
Alternative Fuel Vehicle Rebate Program Application
 5950 Acorn Street | Riverside | CA 92504

Name _____ Phone (Home) _____ Phone (Mobile) _____
 Street Address _____ Zip Code _____ E-mail address _____
 Mailing Address (if different) _____ Zip Code _____

SAMPLE

A copy of the dated purchase contract shall be attached. Please complete the following information. Failure to provide the requested information may result in processing delays or denial of the rebate. Vehicles may be subject to inspection.

Vehicle Information			
Make	Model	Model Year	Vehicle Identification Number (VIN)
Dealer Information			
Dealership Name	Dealership Address	Dealership Phone	Dealership Representative
Today's date:		Date of vehicle purchase:	

- Is the vehicle new or used? **New** **Used**
- Will this be your primary use vehicle? **Yes** **No**
- Was a trade-in used to purchase this vehicle (if yes, complete the following table)? **Yes** **No**

Trade-in Vehicle Information			
Make	Model	Model Year	Mileage on vehicle at time of trade-in

- Approximately how many miles per year do you currently drive? _____ miles per year.
 - Estimate the number of vehicle miles planned for this vehicle each year. _____ miles per year.
 - What is the average round trip distance of your daily work commute? _____ miles per day.
 - Will this vehicle be used for your daily work commute? **Yes** **No**
- I have read, understand and agree to the alternative fuel vehicle rebate program eligibility requirements and limitations.
- I agree to complete an annual vehicle use survey to assist the City of Riverside in quantifying emission reductions achieved through this vehicle purchase.
- I certify that I, or any other person in my household, have not received a rebate through this program or the City of Riverside employee rebate program within the last three (3) years.
- I certify that I am a resident of the City of Riverside and the information provided on this application is true and correct.

Applicant Signature _____ Date _____

Request for Payment
FOR OFFICE USE ONLY

RPU Customer Account Number: _____ Residency confirmed? .. **Yes** **No**
 Recommendation: **Award rebate** **Deny** Reimbursement: **\$2,000** **\$1,000**

Department Head or Program Administrator _____ Date _____

ACCOUNTING SUMMARY DISTRIBUTION

GL Key	Object	JL Key	Object	W/O No:	Amount
Certification of delivery of above			APPROVED FOR PAYMENT		
Signature _____		Date _____		Public Works Director	
APPROVED FOR PAYMENT					
Finance Director _____		Date _____			