Workplace EV Charger Installation Authorization Form

Employee Information	
Full Name	
Department	
Email	
Phone	
Vehicle Information	
Vehicle Make	
Vehicle Model	
Year	
License Plate	
Charger Details	
Requested Charger Type	
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Proposed Installation Location	
Preferred Installation Date	
r releited installation Date	
And house at the	
Authorization	
Supervisor Name	
Approval Date	
Additional Commonts	
Additional Comments	