## Temporary EV Charging Station Event Application

Event Name
Applicant/Organization Name
Contact Person
Email
Phone Number
Event Location / Address
Event Start Date
Event End Date
Number of Charging Points Required
Power Requirements (kW, voltage, etc.)
Additional Information / Event Description
Attach Site Plan / Permit Decumentation (if any)
Attach Site Plan / Permit Documentation (if any)
Choose File No file selected