

**DVES FUEL TAG REQUEST FORM  
(REPLACEMENT - VEHICLE TAG)**

I, \_\_\_\_\_ (HOD / FLEET MANAGER), REQUEST A REPLACEMENT VEHICLE /

CONTAINER TAG FOR:

VEHICLE LIC#: \_\_\_\_\_

VEHICLE MAKE & MODEL: \_\_\_\_\_

FUEL TYPE:     DIESEL                      OR                       GASOLINE (PREMIUM)

OPERATING HOURS OF FUELING

8:00 AM – 4:30 PM (MON-FRI)                      OR                       24 HRS. (SUN-SAT)

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CONTAINER CAPACITY (GALS): \_\_\_\_\_ FUEL TYPE: \_\_\_\_\_

NOTE: CONTAINER TAGS ARE RESTRICTED TO CONTAINER REFUELING TRANSACTIONS ONLY.

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**FUEL TAG COLLECTION REQUIREMENTS:**

\_\_\_\_\_  
H.O.D / FLEET MANAGER SIGNATURE

DEPT: \_\_\_\_\_

**REPLACEMENT OF FUEL TAGS**

**AN INVOICE WILL BE GENERATED IN THE AMOUNT OF \$25.00 TO THE SAID DEPARTMENT!**