

Vehicle Charging Mount Install/Repair Order Form

To be filled in by Manager of the group ONLY.

Scan & Email: tablet.support@energy.com.au or Fax: x35146

Part A

Depot: _____ Cost Centre: _____

Group: _____

Part B (✓ one only)

☐ New additional vehicle to fleet ☐ Replacement vehicle

☐ Faulty Details: _____

☐ Damaged Details: _____

Part C - User & Vehicle Details

Full Name: _____ Service No.: _____

Old/Current Vehicle

Fleet No.: _____ Rego No.: _____

New Vehicle

Fleet No.: _____ Rego No.: _____

Make: _____ Model: _____

Vehicle Type: _____

Part D – Option

☐ Charging Box Mount ☐ Portable Pack (laptop bag & car charger)

Part E – (✓ ideal day/s of the week for install/repair work)

☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday

Part F - Superintendent/Manager

Name: _____ Position: _____

Signature: _____ Date: _____