

APPLICATION FOR SGFMA AWARD for Quality Fleet Management - 2024

Agency Name: _____

Agency Type: check one City_____ County_____ State_____

Department Name: _____

Address (No PO Box): _____

Telephone #: () _____ Fax #: () _____

Submitted By: _____

Telephone #: () _____ Fax #: () _____

Application Process:

Please list four bullet statements that describe your Fleets accomplishments...

1)

2)

3)

4)

Attach additional pages, if needed.

RETURN COMPLETED APPLICATION NO LATER THAN AUGUST 15, 2024 TO:

Southeast Governmental Fleet Managers Association

via e-mail:

nlsullivan@dekalbcountyga.gov