Office of Children's Environmental Health

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY

SCHOOL BUS IDLE REDUCTION PROGRAM

PROGRAM ENROLLMENT FORM

CONTACT INFORMATION:

School District Name: _____

School District Contact:_____ Phone: _____

E-Mail: _____

Address: _____
_____
_____

Phone: _____ Fax: _____

Fleet Director: _____ Phone: _____

E-Mail: _____

Number of Schools in District: _____

Number of Students in District: _____

Number of School Buses in Fleet: _____

Our district commits to voluntarily reduce idling 15 minutes or more per day.

Signed _____ Date _____
District Transportation Director

Please return completed form to: ADEQ 1110 W. Washington St., Phoenix, AZ, 85007