



Fleet Information

Attach a single picture depicting all mobility device types to SharedMobilityDevice@sandiego.gov

FLEET SIZE

#

VEHICLE TYPE AND QUANTITY

MOTORIZED SCOOTER:	#
ELECTRIC BIKE:	#
MOTORIZED BIKE:	#

For City Use Only

APPROVED
#
#
#

TEMPORARY* FLEET SIZE

#

VEHICLE TYPE AND QUANTITY

NUMBER OF DAYS

MOTORIZED SCOOTER:	#	
ELECTRIC BIKE:	#	
MOTORIZED BIKE:	#	

For City Use Only

APPROVED	NUMBER OF DAYS
#	#
#	#
#	#

*Cannot exceed 20% of Fleet Size and no more than 10 days per calendar year.

Implementation Plan

Neighborhood/Area	# of Motorized Scooters	# of Electric Bikes	# of Motorized Bikes