## State Fuel Network Employee PIN Worksheet



Account Number:			
Agapay Nama:		Contact Name:	
Agency Name:		Phone Number:	
Address:			
City a	Zin	Fax Number:	
City:	Zıp	Email Address:	
Federal Tax ID #:			

Important: For accuracy and faster completion of request, please make sure "all information" is filled out on this form.						
A = Add C = Change D = Delete	Account Number	State: Operator ID Non-State: Employee ID	Employee Last Name	Employee First Name	Employee Identification Number (EIN)	

24 Hour Fuel Card Answering Service Toll-free: 800-678-3440 Local: 801-538-3440

PO Box 141117 Salt Lake City UT 84114-1117 4315 South 2700 West Taylorsville, UT 84129 http://fleet.utah.gov/fuel Email completed form to: fuelrequests@utah.gov