



**General Information**

<b>Name:</b>	Last	First	<b>Date:</b>
--------------	------	-------	--------------

<b>Office Phone:</b>	<b>Cell Phone:</b>	<b>Department:</b>
----------------------	--------------------	--------------------

**Vehicle Information**

<b>License Plate:</b>	<b>Mileage:</b>
-----------------------	-----------------

<b>Reason Removed From Service:</b>	Preventive Maintenance	NYS Inspection
-------------------------------------	------------------------	----------------

**If vehicle is in for Preventive Maintenance or Inspection, indicate below all areas that need attention; please give specific details and comments:**

**If vehicle is in for other reason(s) than Preventive Maintenance or Inspection, please provide details of problem(s) or issue(s) below:**

**Steering:** \_\_\_\_\_

\_\_\_\_\_

**Brakes:** \_\_\_\_\_

\_\_\_\_\_

**Lights:** \_\_\_\_\_

\_\_\_\_\_

**Engine:** \_\_\_\_\_

\_\_\_\_\_

**Doors / Windows:** \_\_\_\_\_

\_\_\_\_\_

**Other / Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_