Stony Brook University

Automotive Repair Facility "Squawk" Sheet
(MAPS) Mobility and Parking Services

General Information		
Name: Last First		**Date:**

Office Phone:	**Cell Phone:**	**Department:**

Vehicle Information	
License Plate:	**Mileage:**

Reason Removed From Service: ☐ 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:** _____
_____
_____