



General Information		
Name: Last _____ First _____		Date: _____
Office Phone: _____	Cell Phone: _____	Department: _____
Vehicle Information		
License Plate: _____		Mileage: _____
Reason Removed From Service: <input type="checkbox"/> Preventive Maintenance <input type="checkbox"/> NYS Inspection		
<p>If vehicle is in for Preventive Maintenance or Inspection, indicate below all areas that need attention; please give specific details and comments:</p>          		
<p>If vehicle is in for other reason(s) than Preventive Maintenance or Inspection, please provide details of problem(s) or issue(s) below:</p> <p><input type="checkbox"/> Steering: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Brakes: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Lights: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Engine: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Doors / Windows: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other / Comments: _____</p> <p>_____</p> <p>_____</p>		