



Automotive Repair Facility "Squawk" Sheet Transportation & Parking Operations

General Information		
Name: Last	First	Date:
Office Phone:	Cell Phone:	Department:
Vehicle Information		
License Plate:	Mileage:	
Reason Removed From Service:	Preventive Maintenance	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>Steering: _____</p> <p>_____</p> <p>Brakes: _____</p> <p>_____</p> <p>Lights: _____</p> <p>_____</p> <p>Engine: _____</p> <p>_____</p> <p>Doors / Windows: _____</p> <p>_____</p> <p>Other / Comments: _____</p> <p>_____</p> <p>_____</p>		