

CLAY COUNTY DEPARTMENT OF PUBLIC SAFETY
VEHICLE SERVICE REQUEST FORM
(To be completed by operator)

1. Department/Station: _____ 2. Date: _____
3. Time: _____ 4. Unit/Apparatus: _____ 5. Tag No: _____
6. Property (CD) No: _____ 7. Location: _____
8. Mileage _____ 9. Requested by: _____
10. Describe in your own words the trouble and/or symptoms, or the service requested:

MECHANICS INSTRUCTIONS
(To be completed by supervisor)

11. Service and/or Repair Instructions: _____

Date Assigned: ___ / ___ / _____ Assigned To: _____
Time Assigned: _____ Assigned By: _____

12. Mechanic's Comments: _____

Parts Used: _____

Warranty : Yes _____ No _____ Length _____
Date Completed: ___ / ___ / _____ Assigned By: _____
Time Completed: _____ Completed By: _____