

Vehicle & Equipment Information Form

Asset or Vehicle Number: 2

Year: 1997

Make: Ford

Model: PK

VIN/Serial Number: 13930041639083156

Mileage: _____

Hours (if applicable): _____

Engine Size: _____

Gas: Diesel: Propane:

Other: Type: _____

Make: _____

Horse Power for Diesel EQUIPMENT (not Truck) engines: _____

Transmission: Automatic

Manual

Other: _____

Type of Seats:

Bucket
60-40
Bench

Passenger Capacity **BUSES ONLY**: _____

Floor Mats: Rubber
Carpet

Vehicle Equipment:

	Yes	No
A/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PB	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Air Brakes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Power Windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Power Locks	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Spotlight	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rear Defrost	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trunk Release	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
Radio	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does it Run	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does it Have Keys	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is it a Seized Vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does it have a Title	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is it a Salvage Title or Rebuilt Title	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date Last Utilized: _____

Repair Remarks: (work done recently - include dates)

Known Defects & Exterior Damage:

Other General Remarks or Descriptions:

_____ Does Not Run

Location: _____

Contact Name/Email/Phone: ccheuning@foxtoncity.com