



(Office Use Only) Rental Number: _____

Rental Vehicle Inspection Form Post Rental

Primary Approved Driver Information

Name: _____ CSU ID: _____

Vehicle Information

Vehicle License Plate: _____ Space Number: _____

Date of Pick Up: _____ Date of Return: _____

Odometer Reading: _____ Gas Tank Reading: Full $\frac{3}{4}$ $\frac{1}{2}$ $\frac{1}{4}$

Post-Rental Vehicle Inspection

List and describe any vehicle damages including scratches, dents, and missing parts. Indicate the specific location of the damage on the outlines below.





Vehicle Front

Vehicle Back

Vehicle Driver Side

Vehicle Passenger Side

Additional Comments

Department of Parking & Transportation Services Representative

Printed Name: _____ CSU ID: _____

Signature: _____ Date: _____