

# Vehicle Warranty Form

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Agency Name:

County:

Agency Address:

Date of Report:

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Name of Agency Contact:

Phone Number:

E-mail address:

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Vehicle Number "16-XXXX":

VIN:

License Plate Number:

Vehicle Year:

Make:

Model:

Miles:

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Please indicate the area affected area:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Chassis (OEM)          | <input type="checkbox"/> Engine            | <input type="checkbox"/> Transmission             | <input type="checkbox"/> Emissions System |
| <input type="checkbox"/> Axles                  | <input type="checkbox"/> Drivetrain        | <input type="checkbox"/> Alignment                | <input type="checkbox"/> Headerframe      |
| <input type="checkbox"/> Body                   | <input type="checkbox"/> Lift/Ramp         | <input type="checkbox"/> Seats                    | <input type="checkbox"/> Windows          |
| <input type="checkbox"/> Mirrors/Bumpers        | <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> Heating/Air Conditioning |   |
| <input type="checkbox"/> Other (describe below) |  |   |   |

Provide a detailed description of the issue:

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Vendor:

Has the vendor been contacted:  Yes  No

Warranty Service Center:

Date Reported to Vendor:

Is this repair being covered under warranty?  Yes  No

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Has there been any previous warranty work performed on this vehicle?  Yes  No

If yes, please provide the dates of the previous repairs and details of what work was performed: