

**ESSEX COUNTY DEPARTMENT OF PUBLIC WORKS
VEHICLE MAINTENANCE & REPAIR**

Plate #: _____

Vehicle #: _____

Make: _____

Year: _____

Mileage: _____

Dept. Contact: _____

Dept. Contact #: _____

Date Notified upon Completion: _____

Person Notified: _____

Vehicle is due for scheduled maintenance:

INSPECTION OIL CHANGE TIRES

Vehicle is in need of the following repairs:

Requested by: _____

Date: _____

Authorized by: _____

Date: _____

TO BE COMPLETED BY SERVICE TECHNICIAN

Diagnosis: _____

Initial _____

Service Provided:

**PLEASE FAX THIS FORM TO 518-873-3740 OR EMAIL TO
RANDY.COLEGROVE@ESSEXCOUNTYNY.GOV BEFORE BRINGING VEHICLE
THIS FORM IS REQUIRED WHEN YOU BRING YOUR VEHICLE FOR MAINTENANCE**

DPW SHOP INFO -

PHONE: 518-873-3737

FAX: 518-873-3740