



(Office Use Only) Rental Number: \_\_\_\_\_

## Rental Vehicle Inspection Form Pre-Rental

### Primary Approved Driver Information

Name: \_\_\_\_\_ CSU ID: \_\_\_\_\_

### Vehicle Information

Vehicle License Plate: \_\_\_\_\_ Space Number: \_\_\_\_\_ Date of Pick Up: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_ Gas Tank Reading:  Full  ¾  ½  ¼

### Pre-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.



