



# PALM BEACH COUNTY FLEET MANAGEMENT

## DEPARTMENT WORK REQUEST

Date \_\_\_\_\_ Dept./Division \_\_\_\_\_

Asset # \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ W/O # \_\_\_\_\_

Completed by fleet personal

Mileage/Hours \_\_\_\_\_ Operator \_\_\_\_\_ Phone \_\_\_\_\_

Using Dept./Div. approval (if needed) \_\_\_\_\_ / \_\_\_\_\_

Print Name

Signature

Keys left with asset

Compartment keys left with asset (if applicable)

### PM Service

*Please help us to better serve you by indicating below any concerns you might have:*

#### General Service

- Brakes
- Heating and A/C
- Tires
- Wipers/Washer

#### Engine & Related

- Fluid leaks
- Fumes
- Hesitates
- Noise
- No start / Stalls
- Pulls
- Runs hot
- Shimmy
- Transmission
- Vibrates

#### Accessories

- Back-up Alarm
- Blades
- Bucket
- Crane
- Gauges / Dash lights
- Horn
- Hydraulic Systems
- Lift gate
- Lights
- Reflectors

#### Body

- Accident
- Doors
- Glass
- Mirrors

Other (please specify below)

Comments (Please be as specific as possible):

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Contact person \_\_\_\_\_ Phone \_\_\_\_\_