



(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.



