

**Shasta County Office of Education
E-Vehicle Maintenance Check-in Sheet**

Drop-Off: E-Vehicle #: _____ Make & Model: _____ Mileage _____

Name: _____

Program Name: _____ Location: _____

Contact Phone #: _____ Contact email: _____

Reason(s) for service today? Service Due by _____ Date _____ Mileage _____

Issues described below:

Signature: _____ Date: _____

Any repair exceeding \$500.00 requires the program director's approval.

Vehicle Maintenance Use Only

Notify: Initials _____ Name _____ Date _____

Phone / Email _____

Pick-Up: Name: _____

(PLEASE PRINT)

Signature: _____ Date: _____