

Vehicle Inspection

- CHECK OUT / MILEAGE _____
- RETURN / MILEAGE _____

 Driver's Name

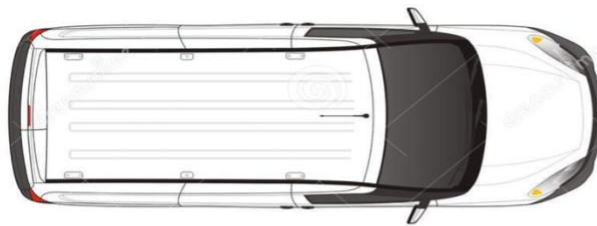
 700 #

 Driver's Signature

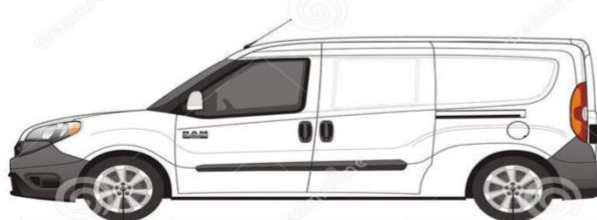
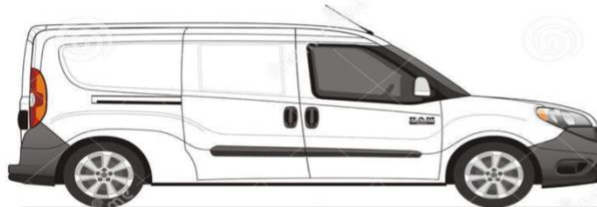
 Date

 LHSC Signature

 Date



**RAM
 Promaster City
 15**



3108 mm

INDICATE ANY DAMAGE ON DIAGRAM AND ADD ANY NECESSARY DETAIL:

- GAS TANK FULL