NEIGHBORHOOD VEHICLE INSPECTION
(To be completed by the Police Chief or designated representative)

Date __________________________

I certify that I have examined the following vehicle:

Year ________ Make _________ Model _________ Body Type _________

Vehicle Identification Number

________________________________________________________________________

This NV/UTV conforms to the guidelines and requirements as specified in Ordinance 2009-005-01 and 2012-001-02.

_____ Brakes  _____ Tires

_____ Headlamps  _____ Front Turn Signals

_____ Rear Turn Signals  _____ Tail Lamps

_____ Stop Lamps  _____ Reflex Reflectors

_____ Exterior Mirror(s)  _____ Parking Brake

_____ Windshield  _____ Bench/Bucket Seats

_____ Steering Wheel  _____ Seatbelts @ each position

Inspected by ________________________________________________

Inspector’s Signature ________________________________________