Name of Seller:	Dept:	o is same for all just fill out top of first report) FLEET #
Item Location Address:		
City:	State:	Zipcode:
Contact Name:	Phone: ()	Fax: ()
ITEM INFORMATION - Please type or print th	e item or vehicle information clea	rly - Fill out only the parts appropriate for this item
Year: Make:	Model:	Body Style:
VIN / Serial:	<u> </u>	Miles: Hours:
Engine Make/Model:	Cyl: C	Gas ☐ Diesel ☐ Hybrid ☐ Electric ☐
Horsepower: Transmission:	AUT	O MANU Single Axle Dual Axle
Tire Type/Size:	Good Fair Poor ☐ Ploy	w or Attachment Dump e: Box Size:
Features: 2WD 4WD A	/C Does Unit Opera	te/Drive: YES NO
OVERALL CONDITION OF I	TEM AND ADDITION	AL OWNERSHIP INFORMATION
Body: Good Fair Interior: Good Fair	Poor Does Vehicle Keys Availab	Start: YES NO UNKNOWN Le: YES NO L
Mechanical: Good ☐ Fair ☐	Poor Bill of Sale Only Clean Title Ava	· · · · · · · · · · · · · · · · · · ·
Please describe any overhauls or maintenance for your item in the box below. Items that have more complete descriptions receive higher bid prices. You should pressure wash your equipment, broom-clean vehicles, and wash the windows before taking digital photographs of your online auction merchandise Mechanical Body Interior		
□ ADDITIONAL INFO Check the box if you provided more info on back of report or on attached sheets		