

CITY OF BLOOMINGTON

TAXICAB INSPECTION CHECK SHEET

COMPANY PERFORMING INSPECTION _____

INSPECTOR'S NAME _____ INSPECTOR'S PHONE # _____

DATE OF INSPECTION _____

TAXICAB COMPANY _____

VEHICLE YEAR _____ MAKE _____ MODEL _____

VIN _____

| | PASS | FAIL | COMMENTS |
|---------------------------------|-------|-------|----------|
| LIGHTS (Front & Rear) | _____ | _____ | _____ |
| FLASHERS | _____ | _____ | _____ |
| REFLECTORS | _____ | _____ | _____ |
| HORN | _____ | _____ | _____ |
| WINDSHIELD WIPERS | _____ | _____ | _____ |
| MIRRORS | _____ | _____ | _____ |
| SEATBELTS | _____ | _____ | _____ |
| BUMPER HEIGHT | _____ | _____ | _____ |
| ALL WINDOWS | _____ | _____ | _____ |
| MUFFLER | _____ | _____ | _____ |
| TIRES | _____ | _____ | _____ |
| GENERAL CONDITION OF VEHICLE | _____ | _____ | _____ |

Additional Comments by Inspector: _____

Inspector Signature _____

Attach this completed Inspection Sheet with your permit or renewal application and fee and remit to:

**City of Bloomington
Department of Economic and Sustainable Development
401 N. Morton St.
Bloomington, Indiana 47404
812-349-3419**