CITY OF BLOOMINGTON

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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:_____

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_____

Inspector Signature_____