

Lease Vehicle Return Inspection Form

Vehicle Information

Make

Model

Year

VIN

Odometer Reading

Lessee Information

Name

Phone Number

Email

Inspection Details

Date of Inspection

Inspector Name

Condition Checklist

Item	Pass	Needs Repair	Notes
Exterior Body	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Glass	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Tires/Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Interior Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Seats & Upholstery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dashboard/Electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments

Signatures

Lessee Signature

Date

Inspector Signature

Date