



## Unit Walkaround Worksheet

Date: \_\_\_\_\_ Tag#: \_\_\_\_\_ RIS#: \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Lic #: \_\_\_\_\_ Hours \_\_\_\_\_ S/A: \_\_\_\_\_

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Email: \_\_\_\_\_

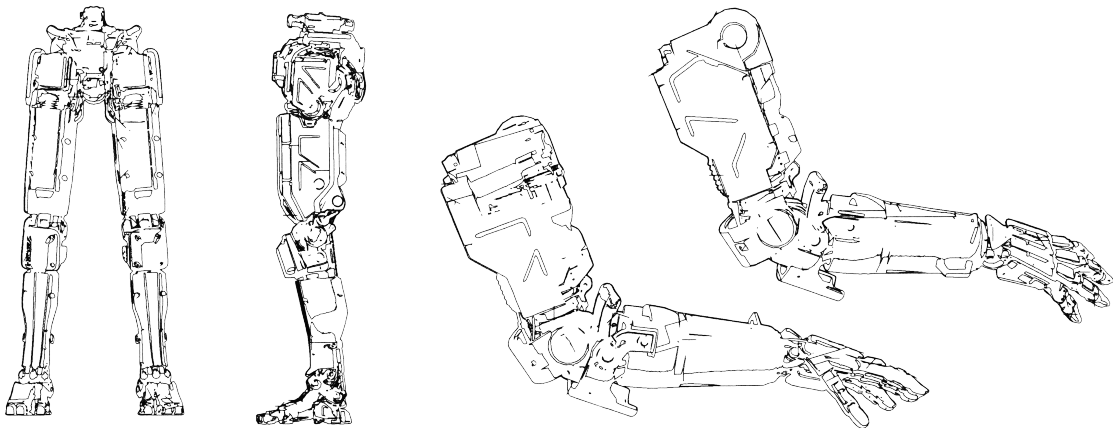
### Reason(s) for Service Visit

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_

Requested Pick Up time: \_\_\_\_\_ Waiter?: \_\_\_\_\_

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Service facility is not responsible for damage found after unit leaves the premises. Please inspect your unit thoroughly before leaving the premises and discuss any discrepancies with your service advisor.



Customer Signature: \_\_\_\_\_