

**ESSEX COUNTY DEPARTMENT OF PUBLIC WORKS  
VEHICLE MAINTENANCE & REPAIR**

Plate #: \_\_\_\_\_

Vehicle #: \_\_\_\_\_

Make: \_\_\_\_\_

Year: \_\_\_\_\_

Mileage: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_

Dept. Contact #: \_\_\_\_\_

Date Notified upon Completion: \_\_\_\_\_

Person Notified: \_\_\_\_\_

[  ] Vehicle is due for scheduled maintenance:

[  ] INSPECTION [  ] OIL CHANGE [  ] TIRES

[  ] Vehicle is in need of the following repairs:

  

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Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SERVICE TECHNICIAN**

Diagnosis: \_\_\_\_\_ Initial \_\_\_\_\_

Service Provided:

  

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**PLEASE FAX THIS FORM TO 518-873-3740 OR EMAIL TO  
[RANDY.COLEGROVE@ESSEXCOUNTYNY.GOV](mailto:RANDY.COLEGROVE@ESSEXCOUNTYNY.GOV) BEFORE BRINGING VEHICLE  
THIS FORM IS REQUIRED WHEN YOU BRING YOUR VEHICLE FOR MAINTENANCE**

**DPW SHOP INFO -**

**PHONE: 518-873-3737  
FAX: 518-873-3740**