

People's Place Vehicle Maintenance Report

Program Name:

Make/Model of Vehicle

License Plate Number:

Date of Service:

Odometer reading at the time of service:
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Where was the vehicle serviced?

Oil Change <input type="checkbox"/>

Other Service or Repair <input type="checkbox"/> (Provide a brief description)
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*** PLEASE ATTACH A COPY OF YOUR RECIEPT AND FORWARD TO ADMINISTRATION.**