

**NEIGHBORHOOD VEHICLE INSPECTION**  
**(To be completed by the Police Chief or designated representative)**

Date \_\_\_\_\_

I certify that I have examined the following vehicle:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Type \_\_\_\_\_

Vehicle Identification Number

\_\_\_\_\_

\_\_\_\_\_

This NV/UTV conforms to the guidelines and requirements as specified in Ordinance 2009-005-01.

\_\_\_\_\_ Brakes

\_\_\_\_\_ Tires

\_\_\_\_\_ Headlamps

\_\_\_\_\_ Front Turn Signals

\_\_\_\_\_ Rear Turn Signals

\_\_\_\_\_ Tail Lamps

\_\_\_\_\_ Stop Lamps

\_\_\_\_\_ Reflex Reflectors

\_\_\_\_\_ Exterior Mirror(s)

\_\_\_\_\_ Parking Brake

\_\_\_\_\_ Windshield

\_\_\_\_\_ Bench/Bucket Seats

\_\_\_\_\_ Steering Wheel

\_\_\_\_\_ Seatbelts

Inspected by \_\_\_\_\_

Inspector's Signature \_\_\_\_\_