



Emergency Vehicles, Inc.

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ANNUAL EVI WARRANTY CONTINUANCE

Submit to EVI Before: _____

EVI Production #: _____

Department: _____

Phone (Main): _____

Contact / Title: _____

Phone (Cell): _____

E-mail: _____

Fax: _____

Address: _____

City, State, Zip: _____

Chassis Make / Model: _____ VIN: _____ Delivered: _____

Warranties Included:

Modular Body _____	Year(s)*	or	_____	Miles
Electrical _____	Year(s)*	or	_____	Miles
Paint _____	Year(s)*	or	_____	Miles
Conversion _____	Year(s)*	or	_____	Miles

*From delivered date

Current Mileage: _____

1. Is the vehicle still in service? ____ Yes ____ No - If no, what year was it discontinued? _____

2. How satisfied are you with the overall layout and usability of the EVI body? _____

3. Has vehicle been involved in any accidents in the past year? ____ Yes ____ No

If yes, date of accident _____ *Attach separate sheet to describe damages, copy of repairs performed, & pictures.

4. Have any components failed in the past year? ____ Yes ____ No

If yes, attach separate sheet to describe action taken.

5. **Inspect unit EXTERNALLY and initial each if no issues are found:** Attach a separate sheet to describe any issues, include photos.

Front _____	Rear _____
Hood _____	Roof of EVI Body _____
Driver Side _____	Passenger Side _____
Undercarriage _____	

6. **Inspect the INTERIOR of the unit and initial each if no issues are found:** * Attach a separate sheet to describe any issues and photos.

Cab _____ **EVI Body** _____

I, _____, have inspected this vehicle on _____ and find no
Please print your name Date of Inspection

deficiencies other than attached documentation.

Signature: _____ Title: _____ Date: _____