

CITY of CLEARWATER  
SPECIAL PURPOSE VEHICLE INSPECTION FORM

NAME/COMPANY/ORGANIZATION: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

SERIAL NUMBER/VIN: \_\_\_\_\_

DECAL/ REGISTRATION #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ DATE EXPIRED: \_\_\_\_\_

Safety and Compliance

INSPECTED BY: \_\_\_\_\_ # \_\_\_\_\_

Remarks: \_\_\_\_\_

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