

CITY OF HAYSVILLE, KANSAS  
SANITATION INSPECTION SHEET

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

POLICE DEPARTMENT

Make of Vehicle: \_\_\_\_\_ State License No.: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_ Tagged Gross Vehicle Weight: \_\_\_\_\_

Brakes: \_\_\_\_\_ Parking Lights: \_\_\_\_\_

Headlights: \_\_\_\_\_ Horn: \_\_\_\_\_

Glass: \_\_\_\_\_ Load: Side \_\_\_\_\_ Rear \_\_\_\_\_ Front \_\_\_\_\_

If inspection is not satisfactory, please state reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief of Police

INSPECTION

Is bed watertight? \_\_\_\_\_

Is mechanical portion of loader in proper working condition? \_\_\_\_\_

If vehicle is not satisfactory, state reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Inspector

Date: \_\_\_\_\_