

Opt-in Community Bus



Fault Form

Date:.....

Name of hirer:.....

Fault reported:

.....

.....

Name and Signature of Person Reporting:

Phone Contact Number :

(please return completed form to the Council offices)



Reported to:

Vehicle Ok to use:

Deferred Action:

Signed (reported to/Council Officer):



Vehicle NOT Ok to use:

Immediate Action required:

Signed: (reported to/Council Officer):

Action taken:

.....

.....

Date:

