



GALPIN FORD STUDIO RENTALS
 1763 IVAR AVENUE
 HOLLYWOOD, CA 90028



RENTAL DAMAGE REPORT

RENTER'S INFORMATION

DATE _____

Rental Agreement # _____ Unit # _____ Lic Plate # _____

Name of Renter: _____ Name of Driver: _____

Coordinator: _____ Job Name: _____ Job #: _____

Driver's Lic # _____ Date of Birth _____ Phone # _____

Damages Description: _____

Details of the accident: _____

Date of Accident: _____ Location: _____

OTHER PARTY INFORMATION

Name: _____ Phone # _____

Address: _____

Make of Car: _____ Model: _____ Lic Plate # (or VIN#) _____

Insurance Company: _____ Policy # _____

Passenger Names: 1) _____ 2) _____ 3) _____

Any Injuries? _____ If YES, please Explain: _____

Witnesses Names: 1) _____ Phone # _____

2) _____ Phone # _____

_____ I ACKNOWLEDGE DAMAGE TO THE RENTAL VEHICLE. I DO NOT HAVE KNOWLEDGE HOW
 DAMAGE OCCURRED. PERSON TO CONTACT: _____ Phone # _____

The above stated information is true and correct.

Customer's Signature: _____

Customer's Name in Print: _____

Checked by:

Rental Agent - _____ Location _____