

Vehicle Drop-Off Repair Request

Customer Information:

Customer Name _____

Address _____

City _____ ZIP _____

Home Phone _____ Business Phone _____

Email Address _____

Vehicle Information:

Year _____ Make _____

Model _____

Color _____ License Plate # _____

- | | |
|---|---|
| <input type="checkbox"/> Check Engine Light On | <input type="checkbox"/> Engine Running Poorly (Please leave comments in the space below) |
| <input type="checkbox"/> Tire Rotation & Inspection | <input type="checkbox"/> Vibration or Noise (Please leave comments in the space below) |
| <input type="checkbox"/> Pre-Trip Inspection | <input type="checkbox"/> Replace Wiper Blades |
| <input type="checkbox"/> Brake Inspection | <input type="checkbox"/> Poor Fuel Mileage |
| <input type="checkbox"/> Check Engine Light On | <input type="checkbox"/> Maintenance Due (via Service Reminder you have received) |

Other Services Needed / Description of Problem:

Customer Signature _____ Date ____/____/____

*Please fill in the above information as complete and accurate as possible and leave in our drop box with a spare copy of your vehicle key. We will promptly contact you during our regular business hours, the following day of your vehicle arriving at our service center.
Thank you, we appreciate your continued business.*