

# VEHICLE DROP-OFF REPAIR REQUEST



## CUSTOMER INFORMATION

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

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_

Email: \_\_\_\_\_



## VEHICLE INFORMATION

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

## REASON FOR SERVICE

- |   |  |
|---|--|
| <input type="checkbox"/> Check Engine Light On                    | <input type="checkbox"/> Vibration or Noise<br>(comment below)     |
| <input type="checkbox"/> Tire Rotation & Inspection               | <input type="checkbox"/> Replace Wiper Blades                      |
| <input type="checkbox"/> Pre-Trip Inspection                      | <input type="checkbox"/> Poor Fuel Mileage                         |
| <input type="checkbox"/> Brake Inspection                         | <input type="checkbox"/> Maintenance Due<br>(via Service Reminder) |
| <input type="checkbox"/> Engine Running Poorly<br>(comment below) |  |

**Other Service(s) Needed / Problem Description(s):** \_\_\_\_\_

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

**Customer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fill out this form as accurately as possible. Once completed, leave it in our drop box with a spare copy of your vehicle key. We will contact you during our hours of operation to discuss the next steps.

**Thank you! We appreciate your continued business!**