

Fill it out. Drop it off.

If we receive your vehicle prior to 9:00 AM, we are usually able to have it back to you the same day. It is difficult for us to complete repairs on the same day if vehicles are dropped off after 9:00.

Name: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Vehicle Year: _____ Make: _____ Model: _____

SERVICES

- Oil & Filter Change Tire Rotation Transmission Service Brake Inspection Front End Alignment
 30,000 Mile Maintenance 60,000 Mile Maintenance 90,000 Mile Maintenance Replace Wipers

SYMPTOMS: (Check all that apply)

- Hard to start Idle speed is unsteady Continues to run after turned off
 Will not start Idle speed is too high Backfires
 Starts but stalls Hesitates or stalls on acceleration Speed changes for no reason
 Pings or knocks Stalls on deceleration or quick stop Poor gas mileage (_____MPG)

THE SYMPTOMS OCCUR DURING: (Check all that apply)

- Accelerating Decelerating Cruising Braking At a speed of _____MPH

THE SYMPTOMS OCCUR WHEN ENGINE IS: (Check all that apply)

- Cold Warming Up Normal Hot At all temperatures

THE SYMPTOMS OCCUR:

- Rarely Sometimes All the time

THE SYMPTOMS STARTED:

- Suddenly Gradually At _____(mileage)

Other: _____
