

Inform us about your vehicle...

Please complete this form and leave it in your vehicle when you drop it off at the shop.

Name: _____

Phone: _____ Alternate Phone: _____

Email address: _____

Address: _____

City: _____ State: _____ Zip: _____

Vehicle Year: _____ Make: _____ Model: _____

Services

- oil and filter change tire rotation transmission service brake inspection state inspection
 front end alignment scheduled maintenance replace wipers check engine light

Symptoms

Describe in detail what your symptoms are

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: _____

