



After Hours Drop-Off Form

1. Please complete the form below.
2. Park and lock your vehicle in our lot.
3. Place your keys and this form in the envelope found in our drop box.
4. Drop envelope through the slot into the building.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Work Phone #: _____

Vehicle Year: _____ Make/Model: _____

Color: _____ License Plate Number: _____

Service / Problems Checklist

- | | |
|--|---|
| <input type="checkbox"/> Change Engine Oil And Filter w/Inspection | <input type="checkbox"/> Shock Replacement |
| <input type="checkbox"/> 30 / 60 / 90 / 120k Mile Service (circle one) | <input type="checkbox"/> Check Engine Light Diagnostics |
| <input type="checkbox"/> Tire Replacement | <input type="checkbox"/> Electrical System Diagnostics |
| <input type="checkbox"/> Tire Rotation or Balance | <input type="checkbox"/> Tire Pressure/TPMS Issue |
| <input type="checkbox"/> Wheel Alignment | <input type="checkbox"/> Clutch Replacement/Service |
| <input type="checkbox"/> Brake Inspection or Service | <input type="checkbox"/> Rattle/Clunk/Noise Diagnostic |
| <input type="checkbox"/> Exhaust Service | <input type="checkbox"/> Drive Belt Replacement |
| <input type="checkbox"/> Air Conditioning Service | <input type="checkbox"/> Wiper Blades |
| <input type="checkbox"/> Automatic/Manual Transmission Service | |
| <input type="checkbox"/> Engine/Transmission Performance Issue | |

Comments / Notes & Requests

Signature: _____ Date: _____