

# Fill it out. Drop it Off.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_