



Date: \_\_\_\_\_

## Fill It Out. Drop It Off

<b>Name:</b>	<b>Email:</b>
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<b>Address:</b>
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<b>City:</b>	<b>Zip:</b>	<b>Phone:</b>
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<b>Vehicle Year:</b>	<b>Make:</b>	<b>Model:</b>
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<b>Services (Circle all that apply):</b> Oil & Filter Change   Tire Rotation   Brake Inspection   90,000 Mile Maintenance   Replace Wipers 60,000 Mile Maintenance   Transmission Service   30,000 Mile Maintenance   Front End Alignment
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<b>Symptoms (Circle all that apply)</b> 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)
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<b>Symptoms Occur During (Circle all that apply)</b> Accelerating   Decelerating   Cruising   Braking   At a speed of ____MPH
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<b>Symptoms Occur When Engine Is (Circle all that apply)</b> Cold   Warming up   Normal   Hot   At all temperatures
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<b>The Symptoms Occur:</b> Rarely   Sometimes   All the time
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<b>The Symptoms Started:</b> Rarely   Gradually At _____ (Mileage)
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<b>Other:</b>
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