

# Fill it out. Drop it off

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:

---

---

---