

VEHICLE DROP OFF FORM

NAME: _____ PHONE: _____ ALT. PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

VEHICLE YEAR: _____ MAKE: _____ MODEL: _____

SERVICES

___ OIL & FILTER CHANGE ___ TIRE ROTATION ___ TRANSMISSION SERVICE ___ BRAKE INSPECTION
___ 30,000 MILE MAINTENANCE ___ 60,000 MILE MAINTENANCE ___ 90,000 MAINTENANCE

SYMPTOMS

___ HARD TO START ___ WILL NOT START
___ STARTS BUT STALLS ___ PINGS OR KNOCKS
___ IDLE SPEED IS UNSTEADY ___ IDLE SPEED IS TOO HIGH
___ BACKFIRES ___ HESITATES OR STALLS ON ACCELERATION
___ SPEED CHANGES FOR NO REASON ___ STALLS ON DECELERATION OR QUICK STOP
___ POOR GAS MILEAGE (___ MPG) ___ CONTINUES TO RUN AFTER TURNED OFF

THE SYMPTOMS OCCUR DURING

___ ACCELERATING ___ DECELERATING ___ CRUISING ___ BRAKING ___ AT A SPEED OF ___ MPH

THE SYMPTOMS OCCUR WHEN ENGINE IS

___ COLD ___ WARMING UP ___ NORMAL ___ HOT ___ AT ALL TEMPERATURES

THE SYMPTOMS OCCUR

___ RARELY ___ SOMETIMES ___ ALL THE TIME

THE SYMPTOMS OCCUR

___ SUDDENLY ___ GRADUALLY ___ AT ___ MPG

OTHER: _____

SIGNED BY: _____ DATE: _____

PRATER'S AUTOMOTIVE REPAIR WILL CONTACT YOU AT THE NUMBERS LISTED ABOVE WITH FURTHER QUESTIONS, IF ANY. ALSO, YOU WILL BE CONTACTED WITH UPDATES ON SERVICES OR REPAIRS THAT NEED TO BE COMPLETED, OR ONES BEING COMPLETED.