

Contact Information *(Print Legibly)*

Date	Vehicle #	Department
Contact Name:		Phone Number
Contact E-mail Address:		Person who dropped vehicle off?

PREVENTATIVE MAINTENANCE	Yes	No	OTHER ISSUES	Yes	No
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 Work Request *(Please mark what best fits the description of the issue you are experiencing)*
VISUAL INSPECTION

Headlights /Taillights Out	Wiper Blades	Cracked Window
Worn / Problematic Tires	Body Damage	Mirrors
Turn Signal Out		

BRAKE SYSTEM/SUSPENSION & STEERING

Scrubbing /Squeaking Noise	Hard/Difficult Trim	No Pedal / Hard Pedal
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HEATING & A/C

Not Heating	Not Cooling
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ELECTRICAL SYSTEMS

Power Window	Power Doors	Starting Issues	Charging Issues
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DRIVABILITY

Check Engine Light	Exhaust Smells	Running Bad
Visible Oil Leak	Engine Noise	Ticking/Knocking Noise
Other		

TRANSMISSION/DRIVE LINE

Shifting Hard	Visible Leaks	Slipping
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Please note below any issues not listed above: