

FILL IT OUT...**LEAVE IN VEHICLE**...DROP IT OFF

Name _____ Phone _____ Alternate Phone _____

Address _____ City _____ State _____ Zip _____

Vehicle Year _____ Make _____ Model _____

SERVICES:

Oil & Filter Change Tire Mounting Tire Rotation Wheel Alignment
 NYS Inspection Brake Inspection Brake Service Steering Service
 Suspension Service Under Car Mile Maintenance Other (explain below)

SYMPTOMS: (Check all that apply)

Vibration Brake Noise Burning Odor
 Vehicle Pulls Brake Pulsation Loose Steering
 Irregular Tire Wear Brake Pull Other (explain below)
 Clunks or Rattles Spongy Brake Pedal

SYMPTOMS OCCUR DURING: (Check all that apply)

Acceleration Deceleration Turning Cruising Braking ...
 At a speed of _____ MPH

SYMPTOMS OCCUR:

Rarely Sometimes All the time

SYMPTOMS STARTED:

Suddenly Gradually
At _____ (mileage)

Other:
