

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:
