

Arty's Auto Service

Drop-off Form

Name:	Phone:	Date:
Address:		
Email:	Vehicle (year/make/ model):	

Service(s) Needed:

- | | | | | |
|--|---|---|--|--------------------------------------|
| <input type="checkbox"/> Oil Change & Filter | <input type="checkbox"/> Tire Rotation | <input type="checkbox"/> Transmission Service | <input type="checkbox"/> Brake Inspection | <input type="checkbox"/> Alignment |
| <input type="checkbox"/> 30,000 Maintenance | <input type="checkbox"/> 60,000 Maintenance | <input type="checkbox"/> 90,000 Maintenance | <input type="checkbox"/> Wiper Replacement | <input type="checkbox"/> Diagnostics |

Issue(s) Experienced:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Slow to start | <input type="checkbox"/> Wont start | <input type="checkbox"/> Stalls when starting | <input type="checkbox"/> Clicking or knocking noise | <input type="checkbox"/> Still runs when turned off |
| <input type="checkbox"/> Idle rpm jumps | <input type="checkbox"/> Idle rpm high | <input type="checkbox"/> Slow or hesitant acceleration | <input type="checkbox"/> Deceleration/ stop stalling | <input type="checkbox"/> Unusual speed changes |

Issue(s) Occur When:

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------|--------------------------------|---|
| <input type="checkbox"/> Accelerating | <input type="checkbox"/> Decelerating | <input type="checkbox"/> Cruise | <input type="checkbox"/> Brake | <input type="checkbox"/> When at _____MPH |
|---------------------------------------|---------------------------------------|---------------------------------|--------------------------------|---|

Issue(s) Occur at Engine Temperature:

- | | | | | |
|-------------------------------|----------------------------------|-------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Warming | <input type="checkbox"/> Idle | <input type="checkbox"/> Hot | <input type="checkbox"/> Always |
|-------------------------------|----------------------------------|-------------------------------|------------------------------|---------------------------------|

Other Pertinent Information (how long has this been happening, when did it start, etc.)
