



Green Village Garage Night Drop Form

Customer Name _____

Address _____ City _____ Zip _____

Best Contact Method

Cell Phone _____ Home Phone _____

Business Phone _____ Email _____

Vehicle Info

Make _____ Model _____ Year _____ Color _____

License Plate _____

Services Needed

- | | | |
|--|--|---|
| <input type="checkbox"/> Change Oil & Filter | <input type="checkbox"/> Alignment | <input type="checkbox"/> Poor Running |
| <input type="checkbox"/> Tire Rotation | <input type="checkbox"/> Brake Check | <input type="checkbox"/> Vibration or Noise |
| <input type="checkbox"/> Replace Wipers | <input type="checkbox"/> Pre-trip Inspection | |
| <input type="checkbox"/> State Inspection | <input type="checkbox"/> Check Engine Light | |

Diagnostic Questions

Location of Wheel Lock _____

Does vehicle shake--if so is it when braking or not, and at what speed?

Does vehicle pull to right or left when driving _____

Any visible fluid leaks, if so what color _____

Any smells? Yes No

Any unusual sounds? Yes No

Please describe _____

Does condition occur in morning or after vehicle has been warmed up? _____

Any other problems/concerns--please describe _____

