

Lindsey Bimmer Drop Off Form:

CONTACT INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____ Alternate Phone: _____

Vehicle Year: _____ Make: _____ Model: _____

SERVICES: (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Oil & Filter Change | <input type="checkbox"/> 4 Wheel Alignment | <input type="checkbox"/> Transmission Service |
| <input type="checkbox"/> Brake Inspection | <input type="checkbox"/> Front End Alignment | <input type="checkbox"/> Replace Wipers |
| <input type="checkbox"/> 30,000 Mile Maintenance | <input type="checkbox"/> 60,000 Mile Maintenance | <input type="checkbox"/> 90,000 Mile Maintenance |

SYMPTOMS: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Hard to start | <input type="checkbox"/> Idle speed is unsteady | <input type="checkbox"/> Continues to run after turned off |
| <input type="checkbox"/> Will not start | <input type="checkbox"/> Idle speed is too high | <input type="checkbox"/> Backfires |
| <input type="checkbox"/> Starts but stalls | <input type="checkbox"/> Hesitates or stalls on acceleration | <input type="checkbox"/> Speed changes for no reason |
| <input type="checkbox"/> Pings or knocks | <input type="checkbox"/> Stalls on deceleration or quick stop | <input type="checkbox"/> Poor gas mileage (_____ MPG) |

THE SYMPTOMS OCCUR DURING: (Check all that apply)

- ☐ Accelerating ☐ Decelerating ☐ Cruising ☐ Braking ☐ At a speed of _____ MPH

THE SYMPTOMS OCCUR WHEN THE ENGINE IS: (Check all that apply)

- ☐ Cold ☐ Warming Up ☐ Normal ☐ Hot ☐ At all temperatures

THE SYMPTOMS OCCUR:

- ☐ Rarely ☐ Sometimes ☐ All the time

THE SYMPTOMS STARTED:

- ☐ Suddenly ☐ Gradually

At _____ (mileage)

OTHER / NOTES
