

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)

Oil & Filter Change 4 Wheel Alignment Transmission Service
 Brake Inspection Front End Alignment Replace Wipers
 30,000 Mile Maintenance 60,000 Mile Maintenance 90,000 Mile Maintenance

SYMPTOMS: (Check all that apply)

Hard to start Idle speed is unsteady Continues to run after turned off
 Will not start Idle speed is too high Backfires
 Starts but stalls Hesitates or stalls on acceleration Speed changes for no reason
 Pings or knocks Stalls on deceleration or quick stop 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
