

CUSTOMER DROP OFF FORM

Date: _____

Name: _____

Phone: _____

Email: _____

Address: _____

Who Referred you? _____

VEHICLE INFORMATION

Year: _____ **Make:** _____ **Model:** _____

Mileage _____ **Lisc. Plate** _____

VIN _____

REASON FOR DROP OFF

I am dropping my vehicle off at Utah State Collision LLC for repairs. I am authorizing the diagnosis and repair of my vehicle.

(signature)

(date)