

Fill it out. Drop it off.

**All Drop-Offs excluding oil changes are by appointment only.
Call 303-751-0901 to schedule.**

Name: _____ Phone: _____ Alternate Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Vehicle Year: _____ Make: _____ Model: _____

SERVICES

- ☐ Oil & Filter Change ☐ Tire Rotation ☐ Transmission Service ☐ Brake Inspection ☐ Front End Alignment
☐ 30,000 Mile Maintenance ☐ 60,000 Mile Maintenance ☐ 90,000 Mile Maintenance ☐ Replace Wipers

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 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: _____
