Ron's Garage Vehicle Drop Off Form

Name:	* <mark>Please include</mark>
Cell Phone:	
Home/Office Phone:	
Address:	Place envelope
Email:	in key drop box.
First Time Customer? ☐ YES ☐ NO	
Appointment Date/Time:	
License Number:	
Vehicle Year: Vehicle Make:	Vehicle Model:
VIN:	Color:
What brings you in today?	
$\hfill \square$ As discussed when appointment was schedu	led.
☐ Oil Change ☐ Alignment	□ Mile Service
☐ My Check Engine Light came on.	
☐ How long has it been on?	
☐ Pull Codes ☐ Diagnose the issue to s	olve the problem.
☐ My car won't start.	
☐ I can hear it clicking when I try to start it	•
Other:	
☐ My car is leaking.	
Color of fluid? How long?	
OTHER SERVICE DESIRED / DESCRIPTION OF	PROBLEM:
I hereby authorize the repair work hereinafter set forth to be done along wiresponsible for loss or damage to vehicle or articles left in the vehicle in c control or for any delays caused by unavailability of parts or delays in part grant you and/or your employees permission to operate the vehicle herein the purpose of testing and/or inspection. An express mechanic's lien is he amount of repairs thereto.	ase of fire, theft or any other cause beyond your ts shipments by the supplier or transporter. I hereby described on streets, highways or elsewhere for
CUSTOMER SIGNATURE:	DATE: