



736 Castleton Rd #D  
Castle Rock, Co. 80109  
(303) 660-4355

To our Early Morning or Late Evening Service Customers

Write your repair information on this form.  
Leave your vehicle on our lot and locked  
Place your keys and this form in early bird envelope  
Drop envelope in early bird slot in service entrance door

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Name \_\_\_\_\_ Lic. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Mileage \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone \_\_\_\_\_

What time will you call for your vehicle? \_\_\_\_\_ A.M / P.M

Year \_\_\_\_\_ Make & Model \_\_\_\_\_ Color \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> _____ Mile inspection       | <input type="checkbox"/> _____ Mile Diagnosis |
| <input type="checkbox"/> Lubrication                 | <input type="checkbox"/> Replace Muffler      |
| <input type="checkbox"/> Change Oil and Filter       | <input type="checkbox"/> Repair Lights        |
| <input type="checkbox"/> Repack front Wheel Bearings | <input type="checkbox"/> Oil Leaks - Front    |
| <input type="checkbox"/> Tune engine                 | <input type="checkbox"/> Oil Leaks - Rear     |
| <input type="checkbox"/> Reline Brakes               | <input type="checkbox"/> Replace Clutch       |
| <input type="checkbox"/> Adjust Brakes               | <input type="checkbox"/> Body Damage          |
|  | <input type="checkbox"/> Undercoat            |

Other Work (details or symptoms)

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