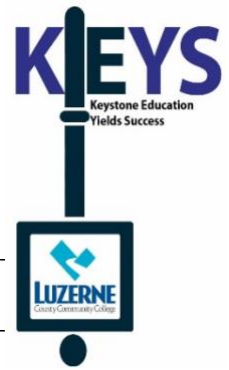


Request for Auto Repair



Client Name: _____

Client Phone: _____ Date Requested: _____

This form MUST be completed by a Licensed Mechanic

Vehicle & Repair Information To be completed by <u>Licensed Mechanic</u>	Make, Model and Year of Vehicle: _____
	Justification for requested repairs: _____ _____ _____
	Tires Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Remaining Thread %: _____
	Repair Needed: <input type="checkbox"/> To keep vehicle operating safely <input type="checkbox"/> To PASS State Inspection
	Did you or your employee personally examine the vehicle for the above needed repairs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of person completing form: _____ Printed Name: _____ Title/Garage Name _____	

*** Please attach written estimate for the cost of the repairs ***

*** Please include business name and phone number on estimate ***

Routine Maintenance Items are NOT COVERED