



Night-Drop Form

50 Irwin St.
Chatham, ON
N7M 0N4
519-354-6978

Customer Name _____

Address _____

City _____ **Postal Code** _____

Phone _____ **Work Phone** _____

Email Address _____

Year _____

Make _____

Model _____

Colour _____

License Plate _____

- Complete Form
- Park Vehicle on lot and Lock Doors
- Place Keys and Completed Form in the Night-Drop Slot (First Bay door closest to the office)

Change Oil and Filter

Brake Inspection

Tire Rotation

Change Wipers

Replace Headlight Bulbs

Inspect Tires

Pre-Trip Inspection

Safety Inspection

Check Engine Light On

Engine Running Rough

Low Fuel Mileage

Fluid Leak / Oil Leak

Noise / Vibration

Clunk / Rattle

Other Services Needed / Description of Problems or Concerns

Customer Signature _____