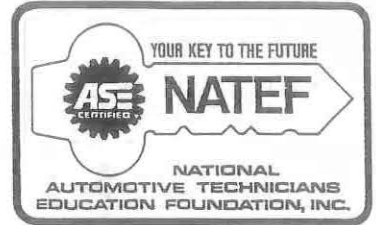




South Puget Sound
COMMUNITY COLLEGE



AUTOMOTIVE SERVICE AND/OR REPAIR REQUEST

NAME: _____

STREET: _____

CITY: _____ ZIP: _____

PHONE: _____

YEAR: _____ MAKE: _____ MODEL: _____

ENGINE: (circle one) 4 CYL 6 CYL 8 CYL DIESEL OTHER

TRANSMISSION: (circle one) MANUAL AUTOMATIC

PROBLEM EXPERIENCED: _____

SYMPTOMS OBSERVED: _____

(PLEASE DO NOT WRITE BELOW THIS LINE)

VEHICLE PRE-INSPECTION

EXTERIOR PAINT.....CHIPS, SCRATCHES, ETC _____

GLASS.....CRACKED, CHIPPED, MISSING _____

VISIBLE BODY DAMAGE _____

MISSING HUB CAPS.....BEAUTY RINGS, CENTER CAPS _____

UNDER CARRIAGE _____

INTERIOR SEATS.....RIPS, STAINS _____

MISSING INTERIOR /EXTERIOR PARTS _____

VALUABLES, JEWELRY, ETC, _____