



AFTER HOURS DROP OFF FORM

Name	Year
Street	Make
City, ST. Zip	Model
E-Mail	Tag
Cell. Phone	Color
Office Phone	
Home Phone	

CHECK OR REPAIR THE FOLLOWING

FREE SAFETY INSPECTION

Change Oil & Filter

Tire Rotation

Check Engine Light

Tire Balance

Transmission Flush

Front End Alignment

Failed Emissions

Fuel Injection Service

Brake Fluid Flush

HVAC Service

Coolant Flush //

Other:

Comments:

NOT RESPONSIBLE FOR ANY PERSONAL ITEMS LEFT IN VEHICLE: I Hereby authorize Chester River Automotive and it's employees to operate the above vehicle for purposes of testing, inspection, or delivery at my risk. We will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident, or any other cause beyond our control.

Signed _____

PRINT FORM AND PUT IN ENVELOPES PROVIDED A KEY DROP.