



ELECTRICAL SYSTEM QUESTIONNAIRE

Please take a few minutes to complete this form to the best of your ability so we may serve you better. Bring it with you to your scheduled appointment or place it in the drop box envelope with your keys for a night drop off. Thank you.

Customer Name: _____ Radio code: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No: _____ Call Text Phone No: _____ Call Text

Vehicle Year, Make & Model: _____ Mileage(optional): _____

Does your vehicle have wheel locks? Yes No If so, Key location: _____

***Please check all applicable boxes and fully describe the condition that applies to your vehicle.*

What electrical component is being affected? _____

Have any fuses been replaced lately? Yes No If so, which one(s)? _____

Has your vehicle been in an accident? Yes No If so, what was damaged? _____

Have any accessories (entertainment, navigation, alarm system, remote start, etc.) been added or replaced? Yes No If so, what was added or replaced? _____

Have there been any electrical repairs done in the last few months? Yes No If so, what was repaired? _____

Was the battery replaced recently? Yes No If so, approximate date _____

The problem occurs when the vehicle is: at idle light acceleration medium acceleration
 heavy acceleration at _____ miles per hour

The problem happens: all the time once a day once a week once a month

When did the problem last occur? Date _____

The engine temperature was: cold hot normal operating temperature

The outside temperature and conditions were: cold warm hot sunny raining dry

Was the air conditioning on? Yes No

Was the vehicle towed in? Yes No

Additional Comments: _____

Signature

Date