Marengo, IL 60152



815-923-4182

Fax: 815-923-2207

## Hours 7:30 AM-6:00 PM Monday through Friday

## Night Drop-Off & Appointment Form

T) Complete tills i on	1)	Comp	lete	this	Fori
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2) Place Keys and Completed Form in Drop Box	<u>R</u>	Requested Service(s)		
3) We will contact you to confirm details				
Name:	<b>◊</b>	0.1. 0.1.0.1.00		
Name:	♦	,,		
Address:	♦	· · · · · · · · · · · · · · · · ·		
City/State/Zip:	♦	0.0000000000000000000000000000000000000		
	♦	,		
Email:	♦	F		
Cell Phone:	♦	/		
Home/Work (circle one) Phone:	♦			
License Plate #:				
State:	$\Diamond$			
Year/Make/Model:	$\Diamond$			
Color:	$\Diamond$	Fluid Leaks		
Requested Service Date:	<b>♦</b>			
Date Vehicle Needs to Be Completed:	V			
* All appointments need to be confirmed by phone or in person.				
* Fill out this form ahead of time to speed up check-in. You may fax to 815-923-220	7.			
* A Diagnostic charge will apply if you chose not to have us do the work.				
I hereby authorize the repair work hereinafter set forth to be done along with the necessary m	aterial	I and agree that Remke's is not responsible		
for loss or damage or articles left in vehicle. In case of fire, theft or any other cause beyond Re	mke's	control or for any delays caused by unavail-		
ability of parts or delays in part shipments by the supplier or transporter the date vehicle need	s to be	e completed by may change. I hereby grant		
Remke's Garage and employee's permission to operate the vehicle herein described on streets	_			
testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicl	e to se	ecure the amounts to repair thereto.		
Customer Signature:	ate:_			
DO NOT FORGET TO LEAVE THE KEYS!				