

# Vehicle Repair Request Form

Automotive Service Technology  
College of DuPage

*Please fill out all fields and email your completed form to **autoserviceclass@cod.edu***

Vehicle Year: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Work Requested/Vehicle Symptoms 1

Work Requested/Vehicle Symptoms 2

Work Requested/Vehicle Symptoms 3

Comments (optional)

Name: \_\_\_\_\_

COD Department: \_\_\_\_\_

COD Email (**must end in .edu**): \_\_\_\_\_ @cod.edu

Cell Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

**EMAIL COMPLETED FORM TO [autoserviceclass@cod.edu](mailto:autoserviceclass@cod.edu)**