

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