



**STEERING 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.*

Do you feel a shimmy?  Yes  No

Do you feel a thumping?  Yes  No

Do you hear a rattle?  Yes  No

Do you hear a clicking sound while turning?  Yes  No

Do you hear a grinding sound?  Yes  No

Do you hear a humming sound?  Yes  No

Do you feel a vibration?  Yes  No

Do you feel a shudder in the steering wheel?  Yes  No

Do you hear a squeal while turning?  Yes  No

Does the vehicle drift left while driving?  Yes  No

Does the vehicle drift right while driving?  Yes  No

Is steering stiff?  Yes  No

Is steering response poor?  Yes  No

Does your vehicle feel unstable at high speeds?  Yes  No

Is there a noise or vibration when:

Driving normal  Driving over road bumps  In cold weather  In warm weather

Turning left  Turning hard left  Turning right  Turning hard right

At what speed does it occur?  0-25 mph  26-50 mph  51-65 mph  over 65 mph

When was your last BG Power Steering Flush Service?  Date \_\_\_\_\_ Mileage \_\_\_\_\_  Never

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date