



VEHICLE NOISE 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? If so, Key location: _____

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

The vehicle is making a noise(s) and it sounds like this: Bump Rattle Boom Whine Buzz
 Clunk Squeak Squeal Click Hum Growl Hiss Grind Knock Chirp
 Other (please describe) _____

The vehicle has a vibration and it sounds like this: Buzz Rattle Growl Resonating
 Other (please describe) _____

The noise or vibration is felt from this part of the car:
 Drivers side front Drivers side rear Passenger side front Passenger side rear
 Inside the car, front Inside the car, rear Under the car, front Under the car, rear
It occurs at: Idle Light acceleration Medium acceleration Heavy acceleration mph _____
It occurs: Turning to the right Turning to the left Turning left or right While braking
It happens: All the time Once a day Once a month
 The last time it occurred _____
 Other (please describe) _____

Engine temperature: Cold Normal operating temperature Hot

Outside temperature: _____

AC was on? Yes No Towing a trailer? Yes No Windows down? Yes No

Other (please describe) _____

Is it getting worse? Yes No

Additional Comments: _____

Signature _____ Date _____