

**PRECISION**  
**AUTO REPAIR AND SALES**  
 70 Union Street  
 Springfield, MA 01105  
 www.PrecisionAutoRepair.biz  
 413.363.0306

# SPA Repair Release Form

- This Form MUST Be Filled Out Before Any Work Will Be Done -

Customer name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_ E Mail \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Registration Number \_\_\_\_\_ Color \_\_\_\_\_

Customer Concern \_\_\_\_\_

Please make sure that you have filled out all information correctly, your vehicle is parked in the designated service pick up area, and your vehicle registration is on the passenger seat.

I hereby acknowledge that I am authorizing Precision Auto Repair to diagnose and/or service my vehicle for the above concern. To the best of my knowledge all information is correct. I understand that my vehicle WILL NOT be serviced without a confirmed appointment from an authorized Precision Auto Repair employee. I understand that Precision Auto Repair accepts Master Card, Visa, Certified Checks, or Cash. Payment for any service or repair authorized by me is due on receipt of the service and/or repair.

Customer Signature \_\_\_\_\_

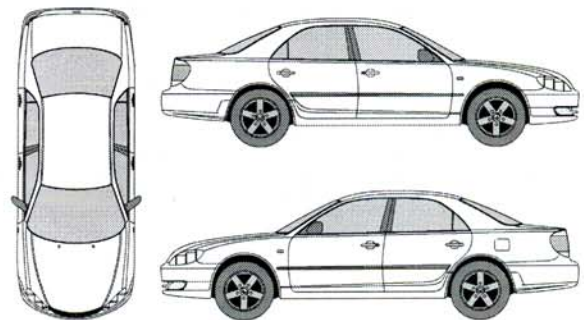
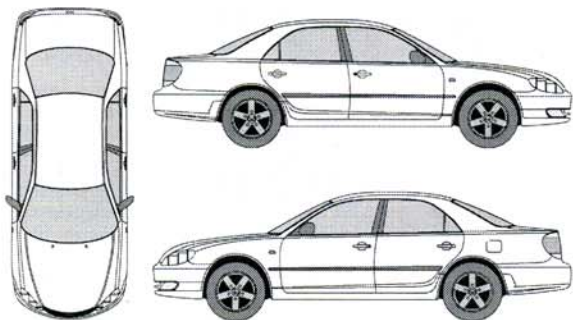
Date \_\_\_\_\_

**Thanks for Your Business!!**

Precision Auto Repair and Republic Parking System employees

Pick Up

Delivery



P.A.R Employee

P.A.R Employee

R.P.S. Employee

R.P.S. Employee

Comments \_\_\_\_\_