

**Drop-Off Form – Bob’s Automotive, 1514 S. Enterprise, Springfield, MO**

Please complete applicable information below. Lock the vehicle and fold keys up in this form. Drop through our mail slot just to the right of the main office door. THANK YOU!

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number(s) \_\_\_\_\_

Vehicle make, model & year:

\_\_\_\_\_

Color: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Please list concerns below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bob’s Automotive is not responsible for any personal items left in vehicle. I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanics lien is acknowledged on the above vehicle to secure the amount of the repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other case beyond your control.

Signed: \_\_\_\_\_

Repairs are to be paid upon delivery of vehicle