

**Dave's Auto Service**  
**Boyertown, PA**  
**610-367-1844**

## SUSPENSION 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.*

Does it appear that the tires are cupped or wearing unevenly?  Yes  No

Does the vehicle sway on turns?  Yes  No

Does the vehicle lean on turns?  Yes  No

Does the vehicle drift left while driving?  Yes  No

Does the vehicle drift right while driving?  Yes  No

Does the vehicle "nose dive" when you apply the brakes?  Yes  No

*\*This condition can affect your ability to stop the vehicle quickly, increasing stopping time by up to 20%.*

Does the vehicle "bottom out" when you have multiple passengers in the back seat?  Yes  No

Is there excessive bouncing when you ride over bumps?  Yes  No

Do you experience a harsh, bumpy or shaky ride?  Yes  No

Does the vehicle feel unstable at high speeds?  Yes  No

Is the steering wheel off center?

Do you feel steering wheel vibration?

Do you feel your car is being blown around more than normal during windy conditions on the Highway?  Yes  No

Optional - If visible, do you see oil leaking from the shocks or struts?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date