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Night Drop-Off Service		
<p><b>Print this page and fill in the service or repairs required.</b></p> <p>Put vehicle keys and this form in an envelope and slide it through the Key Drop Slot in the front door. (Envelopes are provided in black mail box by the front door)</p>		
Customer Information:	Last Name:	First Name:
Vehicle Information:	Year:	Make:
	Model:	Colour:
	License Number:	
Address:	Street:	
	City:	Province:
	Postal Code:	
Phone Numbers:	Daytime:	Evening:
	Cellular:	Fax:
E-Mail:	@	
Time Vehicle Dropped Off:	AM PM (circle one)	
Service or Repairs Required:		
Please Sign:		