Consolided Services  
Automotive Service Center (ASC)

Service Request and Performance Survey

DATE: ___________________________ VEHICLE#: ___________________________
TIME: ___________________________ MILEAGE: ___________________________
YEAR _____ MAKE _____ MODEL _____ LIC PLATE: ___________________________
CONTACT NAME: ___________________________ PHONE#: ___________________________
SERVICE REQUESTED: __________________________________________________________

** REMOVE ALL GUNS AND PERSONAL ITEMS FROM VEHICLES TURNED IN FOR SERVICE!! **

WORK ORDER#: ___________________________ MECHANIC#: ___________________________
STARTED: ___________________________

1. Were your repairs or services performed in a timely manner? 
   YES  [ ]  NO  [ ]

2. Were you able to wait for the repairs to be completed? 
   YES  [ ]  NO  [ ]

3. Was ASC staff knowledgeable and helpful? 
   YES  [ ]  NO  [ ]

4. Was your request handled in a professional manner? 
   YES  [ ]  NO  [ ]

5. Do you have any suggestions or comments that would help ASC serve you or your department better?

   __________________________________________________________

6. How would you rate the overall performance of the ASC?
   POOR  [ ]  FAIR  [ ]  GOOD  [ ]  EXCELLENT  [ ]

VEHICLE COMPLETED

1ST call  |  2ND call

DATE CALLED: ___________________________ TIME CALLED: ___________________________

CALLED BY: __________________________________ RELEASED BY: ___________________________

VEHICLE PICKED UP

DATE: ___________________________ TIME: ___________________________

PICKED UP BY: __________________________________

DRIVERS SIGNATURE: ___________________________ (additional calls or comments on back)

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