



1 Union Square • Somerville, MA 02143 • Office Phone: (617) 623-1009

Night Drop Box Form

License Plate No. / State _____

Mileage _____

Year / Make / Model _____

Symptoms/work to be completed _____

Name _____

Address _____

City/ST/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Important! Please follow these instructions:

1. Print, complete and sign and date this form.
2. Please park your vehicle in one of our parking spaces in front of the shop
3. Take an envelope from the Night Drop Box outside the office door and place your keys and this form inside the envelope. Then insert the sealed envelope through the office door slot.
4. Call us first thing in the morning to confirm details of the repair. Our advisors arrive at 7:30AM Monday through Friday.

I hereby authorize the repair work hereinafter set forth to be done along with the necessary material and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle. In case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in part shipments by the supplier or transporter. I hereby grant you and your employee's permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and / or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amounts to repair thereto.

Customer's Signature _____ Date _____