



700 R.D. MIZE ROAD
GRAIN VALLEY, MO 64029
TOLL FREE (888) 684-2243
FAX 816/224-4486
www.trailsiderv.net

SERVICE REQUEST

DROP OFF DATE ___/___/___ TIME _____
DATE NEEDED ___/___/___ TIME _____

OWNER INFORMATION

UNIT INFORMATION

Customer Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____
Cell Phone _____
Email Address _____

Year _____ Make _____ Model _____
VIN _____
Factory Warranty (YES NO) Purchase Date ___/___/___
Selling Dealership _____
Service Contract (YES NO) Company _____
Contract # _____ Co-Pay \$ _____

If a test drive is required to determine a cause of your unit's problem or to determine that the issue has been resolved, you are hereby authorizing the technicians of Trailside RV Center to perform any such test drive. No additional miles will be added to your unit other than those necessary to confirm, diagnose and resolve the issue. Please initial for test drive authorization. _____

SERVICE REQUESTED

Please be very detailed... Bad Example: Slide-out is leaking. Good Example: Bedroom slide-out is leaking at the top towards the front of unit.

If repairs made require replacement parts, do you want your old part (s) back? YES or NO

____ Any changes to this service request must be made by contacting a Service Advisor at Trailside RV Center.
____ The appointment time is for the listed problems only. Additional items may need separate scheduled time.
____ BY signing below, you certify that you understand diagnostic time and other services denied by Warranty or Extended Service becomes your sole responsibility. Electrical items/appliances \$98.00 minimum per item and general tasks \$49.00 minimum per item. Your diagnostic time may vary.
____ Please remove all personal items from repair areas prior to arrival. Remove all perishable items from refrigerator and remove all pets and pet accessories from coach if leaving coach for repairs. Please remove all firearms from your coach.
____ Trailside RV Center is not responsible for lost or stolen items left in unit. No insurance for Act of God, liability, theft, wildlife invasion or any other calamity is offered, inferred or included. If an item has value remove it from the unit.
____ When service is complete an appointment will be made for your unit to be picked up. If it is not picked up the day you are informed of the completion it will be move to our storage lot.
By signing below, you certify your understanding that the vehicle must remain insured by you while on Trailside RV's lot.

Signature of Owner/Authorization for Service: _____ **Date** _____