



**Send Request
Now**

CITY OF HELENA VEHICLE SERVICES REQUEST FORM

** INCOMPLETE SERVICE REQUESTS CANNOT BE SCHEDULED: **PLEASE** FILL OUT EACH FIELD COMPLETELY TO ENSURE PROMPT SERVICE FOR YOUR VEHICLE. THANK YOU!*

EMPLOYEE NAME: _____ DEPT. /DIVISION: _____ PHONE NUMBER: _____

UNIT NUMBER: _____ MAKE: _____ MODEL: _____ MILEAGE/HOURS: _____

MAINTENANCE/REPAIR REQUESTED: _____

DATE OF REQUEST: _____

MECHANIC'S COMMENTS/SCHEDULING RECOMMENDATIONS: _____

SERVICE: _____

REPAIR: _____

MECHANIC'S NAME: _____

DATE COMPLETED: _____