



ALIGNMENT QUESTIONNAIRE

(Please bring in completed form with your vehicle)



What is the reason for your visit today? (Check all that applies)

- Maintenance alignment (10,000 miles)
- New tires-needs alignment
- New suspension parts-needs alignment
- Pulls left
- Pulls right
- Steering wheel not straight
- Wanders
- Vibrates (may require tire balance)
 - Vibrates all the time
 - Vibrates above /below _____ mph
- Excessive play in steering
- Shimmies
 - Shimmies all the time
 - Shimmies after bumps

Has your vehicle been aligned before?

- Yes
- No
- Not sure

How long have you owned this vehicle?

- Less than 6 months
- 6 months-5 years
- over 5 years

What is the primary use of this vehicle?

- Mainly City driving
- Mainly highway driving
- I drive a lot of gravel roads
- I tow a big trailer

Any Additional comments?
