



## Cape May County Technical School

188 Crest Haven Road, Cape May Court House, NJ 08210

PH: (609) 380-0200

FX: (609) 465-3069

Jamie Moscony, Superintendent

Lauren Flynn, Business Administrator / Board Secretary

### VEHICLE SERVICE REQUEST FORM

**Disclaimer:** I request permission to bring my vehicle to the Cape May County Technical High School's Automotive department to be serviced, tested or inspected. Students and employees may operate the vehicle listed below at my risk. I understand and agree that Cape May County Technical High School is not responsible for any loss to the vehicle by fire, theft, vandalism, collision, improper or poor workmanship or for any cause whatsoever.

I also agree to the following three conditions:

1. that a 10% service charge will be attached to the parts bill which in turn will be used in the operation of the school,
2. I will agree to pay in full the bill presented by Cape May County Technical High School prior to removing the vehicle from the school and
3. I agree to allow my vehicle to be inspected by security.

**Instructions:** (1) Approved & signed by Auto Instructor. (2) Provide signed form and the following documents to the Vice Principal for approval: current/valid Proof of License, Insurance and Registration.

I have read and agree to all of the above conditions:

|                                      |  |      |  |
|--------------------------------------|--|------|--|
| Owner Signature                      |  | Date |  |
| Parent / Guardian (if not the owner) |  | Date |  |
| Instructor                           |  | Date |  |
| Vice Principal                       |  | Date |  |

#### Owner Information:

|            |               |             |
|------------|---------------|-------------|
| Owner Name | Owner Address | Owner Phone |
|            |               |             |

#### Vehicle Information:

|                           |                             |                 |
|---------------------------|-----------------------------|-----------------|
| Vehicle Year / Make Model | Vehicle License Plate / VIN | Vehicle Mileage |
|                           |                             |                 |

#### Work Request:

|                         |                           |              |
|-------------------------|---------------------------|--------------|
| Date Work to be Started | Date Work to be Completed | Requested By |
|                         |                           |              |
| Service Instructions    |                           |              |
|                         |                           |              |



## Cape May County Technical School

188 Crest Haven Road, Cape May Court House, NJ 08210

PH: (609) 380-0200

FX: (609) 465-3069

Jamie Moscony, Superintendent

Lauren Flynn, Business Administrator / Board Secretary

### VEHICLE SERVICE ORDER

#### Work Request:

| Service Order Number          | Date Serviced | Serviced By |
|-------------------------------|---------------|-------------|
|                               |               |             |
| Description of Work Performed |               |             |

#### Parts & Materials:

| Part Number             | Description of Part / Material | Unit Price | Quantity | Total |
|-------------------------|--------------------------------|------------|----------|-------|
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
|                         |                                |            |          |       |
| Subtotal                |                                |            |          |       |
| Total Parts & Materials |                                |            |          |       |

|                     |  |      |  |
|---------------------|--|------|--|
| Customer Signature  |  | Date |  |
| Payment Received By |  | Date |  |