YELLOW SLIP REPORT FORM

Customer Name	
Customer Address	
Phone Number	
Service Date	
Service Time	
Vehicle Year / Make / Model	

WHAT WAS MISSED? (Detailed Notes)

RE-SERVICE INFORMATION
Re-Service Date: _____
Re-Service Time: _____
Notes Regarding Re-Service:

Technician Name	
Manager Signature	
Follow-Up Required	■ Yes ■ No