

## DEALER DROP OFF

Dealership Name: \_\_\_\_\_

Contact Name, Number & Extension: \_\_\_\_\_

### **LIST - Customer Name - License # - last 4 digits of Vin# Completed**

1. _____	YES	Rejected
2. _____	YES	Rejected
3. _____	YES	Rejected
4. _____	YES	Rejected
5. _____	YES	Rejected
6. _____	YES	Rejected
7. _____	YES	Rejected
8. _____	YES	Rejected
9. _____	YES	Rejected
10. _____	YES	Rejected

#### **FOR DMV USE ONLY**

<input type="checkbox"/> Left Voicemail	Date: _____	Time: _____
<input type="checkbox"/> No Answer / No Voicemail / Voicemail Full	Date: _____	Time: _____
<input type="checkbox"/> Left Message With: _____	Date: _____	Time: _____
<input type="checkbox"/> Spoke to: _____	Date: _____	Time: _____
<input type="checkbox"/> Mailed Via: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> Priority Mail <input type="checkbox"/> Regular Mail	Date: _____	

CSR's First Name & Last Initial (*Print Legibly*): \_\_\_\_\_ Date: \_\_\_\_\_