

RECEIVING HOURS NOTIFICATION

Date \_\_\_/\_\_\_/\_\_\_

To: Carrier Being Notified

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

From: Receiving Location

Dealer Code \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Province \_\_\_\_\_

Postal/Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Area Code/Phone Number \_\_\_\_\_

	INSPECTION HOURS		EXTENDED RECEIVING HOURS	
	FROM	TO	FROM	TO
SUNDAY	_____	_____	_____	_____
MONDAY	_____	_____	_____	_____
TUESDAY	_____	_____	_____	_____
WEDNESDAY	_____	_____	_____	_____
THURSDAY	_____	_____	_____	_____
FRIDAY	_____	_____	_____	_____
SATURDAY	_____	_____	_____	_____

Will this dealership accept vehicles during non-inspection hours? (put an X on the line that applies)

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, please indicate the "drop box" location, where the vehicles are to be parked, and any other special delivery instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-established holidays  
(List the month and day)

\_\_\_\_\_  
\_\_\_\_\_

The above holidays do not include established Local/State/National holidays

Authorized Dealership Signature \_\_\_\_\_

Print Name \_\_\_\_\_