

118-200

MAR 25 2015

CL-10702647-9060

INFORMATION Redacted PURSUANT TO THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

✓ Track Your Expenses...

|                                         |                                        |                                         |
|-----------------------------------------|----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Auto/Travel    | <input type="checkbox"/> Education     | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Business       | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Savings        |
| <input type="checkbox"/> Charities      | <input type="checkbox"/> Food          | <input type="checkbox"/> Taxes          |
| <input type="checkbox"/> Clothing       | <input type="checkbox"/> Home          | <input type="checkbox"/> Utilities      |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Insurance     | <input type="checkbox"/> Other          |

*Colonial Auto*  
*Two hundred and ninety-nine dollar*

Duplicate is produced using soy-based materials.  
Images may appear light.

☐ TAX DEDUCTIBLE ITEM

Memo \_\_\_\_\_

For enhanced security your account number will not be printed on this copy

NOT NEGOTIABLE

Sept 2, 2014

|             |        |
|-------------|--------|
| BAL. FOR'D  |        |
| ITEM AMOUNT | 295.78 |
| BALANCE     |        |
| DEPOSIT     |        |
| FOR'D       |        |

March 18, 2015

Dear Sir,

I have given this <sup>original</sup> notice to Colonial Auto at the end of January and have not heard anything back regarding this issue. I was hoping this matter could be resolved before now. Thanking you in advance for this matter.

NH  
33015  
SMD

General Motors Financial Services  
Customer Reimbursement Request Form

Customer Name: [REDACTED]

Street Address or P. O. Box Number: [REDACTED]

City: BUCKERSVILLE

State: VA

Zip Code: [REDACTED]

Daytime Telephone Number (include Area Code): [REDACTED]

Evening Telephone Number (include Area Code): As Above

Date Request Form and Supporting Documentation Submitted to Dealer: Feb. 2015

Vehicle Identification Number of Involved Vehicle: 2G4W1E582761  
(17 Characters)

Mileage at Time of Repair: 67728

Date of Repair: Sept. 02, 2014

Amount of Reimbursement Requested: \$ 295.78

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST FORM.

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.  
(Copy of cancelled check, copy of credit card receipt or receipt for cash payment)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Customer's Signature: [REDACTED]

Please provide this request form and the required documents to your General Motors dealer for processing. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.

This section to be completed by dealer (please print)

Bulletin No.: \_\_\_\_\_ Request Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Request Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Reason: \_\_\_\_\_

If denied, please provide a copy of this form to the customer and retain original for your files

CUSTOMER #

want it. got it.

\*INVOICE\*



ROUTE 29 NORTH P.O. BOX 7823  
CHARLOTTESVILLE, VA 22906  
PHONE (434) 951-1050  
www.colonialautocenter.com

PAGE 1

RUCKERSVILLE, VA

HOME: CONT: N/A

BUS: CELL:

SERVICE ADVISOR: 2064 TODD WHEELER

| COLOR       | YEAR      | MAKE/MODEL      | VIN          | LICENSE           | MILEAGE IN/OUT | TAG      |
|-------------|-----------|-----------------|--------------|-------------------|----------------|----------|
| PLATINUM    | 06        | BUTICK LACROSSE | 2G4WC582761  |                   | 67728/67728    | T1769    |
| DEL DATE    | PROD DATE | WARR EXP        | PROMISED     | PO NO             | PAYMENT        | INV DATE |
| 24JUN06     | 01MAR06   |                 | WAIT 02SEP14 |                   | CASH           | 02SEP14  |
| R.O. OPENED | READY     | OPTIONS         | STK          | ENG:3.8 Liter_SFI |                |          |

13:04 02SEP14 14:03 02SEP14

| LINE | OPCODE                                                         | TECH | TYPE | HOURS | LIST  | NET    | TOTAL  |
|------|----------------------------------------------------------------|------|------|-------|-------|--------|--------|
| A    | CK & ADVISE-LOW BEAM HEADLAMPS INOPERABLE                      |      |      |       |       |        |        |
|      | STC SEE TECHNICIANS COMMENTS                                   |      |      |       |       |        |        |
|      | 2073 CB                                                        |      |      |       |       | 219.95 | 219.95 |
|      | 1 15016745 (S)RELAY                                            |      |      |       | 54.42 | 54.42  | 54.42  |
|      | 67728 DIAGNOSE AND REPLACED HEADLAMP CONTROL MODULE AS NEEDED, |      |      |       |       |        |        |
|      | VERIFY REPAIR                                                  |      |      |       |       |        |        |

\*\*\*\*\*

B INTERMITTENT-WILL SWITCH FROM HI BEAMS TO LOW BEAMS THEN OFF ENTIRELY  
FIPO FOR INFORMATION PURPOSES ONLY

|         |      |      |
|---------|------|------|
| 2073 CB | 0.00 | 0.00 |
|---------|------|------|

\*\*\*\*\*

C 29 POINT COURTESY INSPECTION

29C 29 POINT COURTESY INSPECTION

|         |      |      |
|---------|------|------|
| 2073 CB | 0.00 | 0.00 |
|---------|------|------|

\*\*\*\*\*

SHOP SUPPLIES

WE APPRECIATE YOUR BUSINESS  
YOU MAY RECEIVE A SURVEY FROM THE  
MANUFACTURER ABOUT YOUR EXPERIENCE.  
IF FOR ANY REASON YOU CAN'T GIVE ME A  
COMPLETELY SATISFIED SCORE PLEASE CALL  
ME AND LET ME KNOW. THIS IS MY REPORT CARD.  
THANK YOU

## EXCLUSION OF WARRANTIES

Any warranties on the parts and accessories sold hereby are made by the manufacturer. The undersigned purchaser understands and agrees that dealer makes no warranties of any kind, express or implied, and disclaims all warranties, including warranties of merchantability or fitness for a particular purpose, with regard to the parts and/or accessories purchased; and that in no event shall dealer be liable for incidental or consequential damages or commercial losses arising out of such purchase. The undersigned purchaser further agrees that the warranties excluded by dealer, include, but are not limited to any warranties that such parts and/or accessories are of merchantable quality or that they will enable any vehicle or any of its systems to perform with reasonable safety, efficiency, or comfort.

## HOURS:

Monday thru Friday

7:00am - 5:00pm

| DESCRIPTION            | TOTALS |
|------------------------|--------|
| LABOR AMOUNT           | 219.95 |
| PARTS AMOUNT           | 54.42  |
| GAS, OIL, LUBE         | 0.00   |
| SUBLET AMOUNT          | 0.00   |
| MISC. CHARGES          | 17.60  |
| TOTAL CHARGES          | 291.97 |
| LESS INSURANCE         | 0.00   |
| SALES TAX              | 3.81   |
| PLEASE PAY THIS AMOUNT | 295.78 |

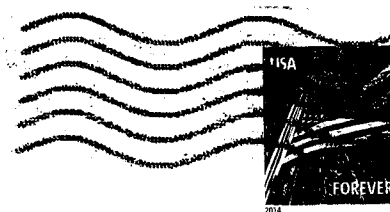
X  
CUSTOMER SIGNATURE

CUSTOMER COPY

[REDACTED]  
Richersville, Va [REDACTED]

RICHMOND VA 230

19 MAR 2015 PM 3 L



Administrator,  
National Highway Traffic Safety Administration  
1200 New Jersey Avenue, SE  
Washington, DC 20590

20590

