

October 2008

<CustomerName>
<CustomerAddress>

Dear <CustomerName>:

As the owner of a <Year> model year <VINDivisionName> <Vehicle_Name>, your satisfaction with our product is very important to us.

This letter is intended to make you aware that on some <Year> model year <VINDivisionName> <Vehicle_Name> vehicles operated in one of the corrosion areas listed below, the fuel tank modular reservoir assembly, which contains the fuel pump, may develop corrosion of the fuel feed/return pipes after an extended period of time. Severe corrosion may cause the formation of small perforations. These perforations may allow a small amount of fuel to accumulate in a recessed area outside of the fuel tank. If this were to occur, it would be accompanied by a fuel odor. If left uncorrected and the corrosion is allowed to progress, a fuel spray from the pipes may begin to occur.

Connecticut	Maine	New Hampshire	Vermont
Delaware	Maryland	New Jersey	West Virginia
District of Columbia	Massachusetts	New York	Wisconsin
Illinois	Michigan	Ohio	
Indiana	Minnesota	Pennsylvania	
Iowa	Missouri	Rhode Island	

Do not take your vehicle to your <DIV_DLR> <dlr_rtr> as a result of this letter unless you believe that your vehicle has the condition as described above.

What We Have Done: General Motors is providing owners with additional protection for this condition. If this condition occurs on your <Year> <VINDivisionName> <Vehicle_Name> within 10 years of the date your vehicle was originally placed in service or 120,000 miles, whichever occurs first, the condition will be repaired for you at **no charge**. Diagnosis or repair for conditions other than the condition described above is not covered under this special coverage program.

What You Should Do: Repairs and adjustments qualifying under this special coverage must be performed by a <DIV_DLR> <dlr_rtr>. You may want to contact your <DIV_DLR> <dlr_rtr> to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. This will also allow your <dlr_rtr> to order parts if they are not already in stock. Present this letter to your <dlr_rtr> as authorization to perform this service, and then place this letter with your other important glove box literature for future reference.

Reimbursement: The enclosed form explains what reimbursement is available and how to request reimbursement if you have paid for repairs for the special coverage condition. Your

request for reimbursement, including the information and documents mentioned on the enclosed form, must be received by GM by October 31, 2009.

If you have any questions or need any assistance to better understand related repairs, please contact your <dlr_rtr>. If you have questions related to a potential reimbursement, please contact the <VINDivisionName> Customer Assistance Center at <DivCACPhone>.

We are sorry for any inconvenience you may experience; however we have taken this action in the interest of your continued satisfaction with our products.

<Closing>

Enclosure
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Customer Reimbursement Procedure

If you have paid to have this condition corrected prior to this notification, you may be eligible to receive reimbursement.

Requests for reimbursement may include parts, labor, fees, and taxes. Reimbursement may be limited to the amount the repair would have cost if completed by an authorized <dlr_rtr>.

Your claim will be acted upon within 60 days of receipt of all required documents.

If your claim is:

- Approved, you will receive a check,
- Denied, you will receive a letter with the reason(s) for the denial, or
- Incomplete, you will receive a letter identifying the documentation that is needed to complete the claim and offered the opportunity to resubmit the claim when the missing documentation is available.

Please follow the instructions on the Claim Form provided on the reverse side to file a claim for reimbursement. If you have questions about this reimbursement procedure, please call the toll-free telephone number provided at the bottom of the form. If you have any questions or need assistance with any other concern, please contact the <VINDivisionName> Customer Assistance Center at <DivCACPhone>.

Customer Reimbursement Claim Form

This section to be completed by Claimant

Date Claim Submitted: _____

17-Character Vehicle Identification Number (VIN): _____

Mileage at Time of Repair: _____ Date of Repair: _____

Claimant Name (please print): _____

Street Address or PO Box Number: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number (include Area Code): _____

Evening Telephone Number (include Area Code): _____

Amount of Reimbursement Requested: \$ _____

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS CLAIM 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.
- What problem occurred, the repair performed, the date of repair, and who performed the repair.
- The total cost of the repair expense that is being claimed.
- Payment for the repair in question and the date of payment.
(copy of front and back of cancelled check, or copy of credit card receipt)

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.

Claimant's Signature: _____

Please mail this claim form and the required documents to:

**Reimbursement Department
PO Box 33170
Detroit, MI 48232-5170**

Reimbursement questions should be directed to the following number:
1-800-204-0261