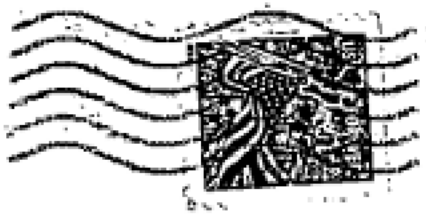
[redacted]
Sarasota, FL [redacted]

TAMPA FL 335
SAINT PETERSBURG FL
03 SEP 2015 PM 6 L



Reimbursement Department
PO Box 33170
Detroit
MI
48232-5170

RECEIVED SEP 08 2015

48232517070

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

14728

General Motors Product Field Action
Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: [redacted]

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

City: SARASOTA State: FL Zip Code: [redacted]

Daytime Telephone Number (include Area Code) [redacted]

Evening Telephone Number (include Area Code) [redacted]

Date Request Form and Supporting Documentation Submitted to Dealer: 09/03/15

Vehicle Identification Number of Involved Vehicle: [redacted]
(17 Characters)

Mileage at Time of Repair: 67422 Date of Repair: 06/17/14

Amount of Reimbursement Requested: $ 343.19

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.

My signature to this document attests that all attached documents are genuine and I request reimbursement for t[redacted]

Customer's Signatu[redacted]

Submit this request [redacted]rocessing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. 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

PLEASE READ CAREFULLY. CHECK ONE OF THE STATEMENTS BELOW AND SIGN;

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $100.

____I REQUEST A WRITTEN ESTIMATE

____I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

____I DO NOT REQUEST A WRITTEN ESTIMATE.

SIGNED:_____ DATE:_____

(U)/Used (R)/Rebuilt RC/Reconditioned NC/No Chg/Warranty RD/Reduced Warranty

QTY	PART NO	DESCRIPTION	PRICE	TOTAL
1.00		FUEL PIPE AND FITTINGS(N)	31.40	31.40

[redacted]

A STORAGE FEE OF $- 18.00 PER DAY MAY BE APPLIED TO VEHICLES WHICH ARE NOT CLAIMED WITHIN 3 WORKING DAYS OF NOTIFICATION OF COMPLETION

Estimate good for 30 days. This repair facility is not responsible for damage caused by theft, fire, or acts of nature. I hereby authorize the above repairs, including sublet work, along with the necessary materials. You and your employees may operate my vehicle for the with purpose of testing, inspection and delivery at my risk. If I cancel repairs prior to completion for any reason, a teardown and reassembly fee of ____ $ will be applied.

Signed X_____ Date

INVOIC[redacted]

TIM'S AUTO SERVICE

5615 LAWTON DRIVE
SARASOTA, FL 34233
(941)924-0541

3 month/ 4000 mile warranty
On all parts and labor unless otherwise specified

Payment Method:
CASH

Proposed Completion Date: 06/16/14

Name[redacted]
Address:
City/St/Zip:
Other Authorized Person:
Year/Make/Model: 2007 Saturn Ion-2
Save Old Parts: Yes No (core may apply)

Home PH[redacted]
Work PH:
Date: 06/17/14 Time: 12:47 Pm
<Tel: Mlg in: 67422
Ta[redacted] Mlg out: 67422
[redacted] SW:

Florida Registration: MV90781 | Center ID | Trans:

Customer Complaint / Problem :

LABOR CHARGES BASED ON:
[ ] FLAT RATE _____ [X] BOTH
[ ] HOURLY RATE: $

ESTIMATE/DIAGNOSTIC FEE
$ 80.00 / OR HOURLY AT
$ 125.25 PER HOUR

The following repairs were made to your vehicle:	charge
HAS FUEL LEAK. REPLACE RUSTED FUEL PIPE. FABRICATE LINE AND FITTINGS. LOWER FUEL TANK TO ROUTE LINE.	280.00

This breakdown of repair cost includes parts, labor, sublet, fees and shop supplies

Parts	31.40
Labor	280.00
Sublet.	0.00
Deposit	0.00
Gasoline	0.00
Discount	0.00
**Shop Supplies	9.34
***Fees	0.00
Sub Total	320.74
Sales Tax	22.45
TOTAL	343.19
BALANCE DUE	0.00

***This charge represents costs and profits to the motor vehicle repair facility for miscellaneous shop supplies or waste disposal. ***FS403.718 mandates a $1.00 fee for each new tire sold in the State of Florida. ***FS403.7185 mandates a $1.50 fee for each new or remanufactured battery sold in the State of Florida.*

COPY