



Kia Customer Care Information Request Form
Customer Information

Vehicle Owner: [REDACTED]

Vehicle Co-Owner (if applicable): [REDACTED]

Mailing Address: [REDACTED]
Street Address

REISTERSTOWN, MD [REDACTED]
City, State Zip

Home Phone: [REDACTED] Cell Phone: [REDACTED]

Other Phone: [REDACTED] Fax: _____

Email: [REDACTED]

Vehicle Information:

Model Year: 2024 Model: EV9 Current Mileage: 5000ish

Selling Dealership, City, State: JONES KIA BELAIR, MD

Servicing Kia Dealership(s):

Dealer 1: JONES KIA

Dealer 2: OURISMAN KIA CATONSVILLE

Dealer 3: _____

I/We serviced our Kia vehicle at more than 3 separate dealerships

Vehicle Purchased as New Leased Demo Used Kia Certified Pre-Owned

Lease Buy-Out

Purchase/Lease Date: 6/2024 Mileage at Purchase (if used): _____

First Repair Attempt Date: 10/4/24 First Repair Attempt Mileage: NOT SURE - PAPERWORK IS IN THE CAR @ OURISMAN

The Vehicle has been in an accident/has had body damage: Yes No

Date of accident/damage: _____

Description of Damage: _____