

## REIMBURSEMENT PLAN

### Requirements for Reimbursement

If you meet **all** of the following requirements, you are eligible to receive reimbursement under this plan:

1. You own or have owned a 2001-2002 Tribute vehicle equipped with an Anti-Lock Brake System (ABS) within the following VIN and production date ranges:

Model	VIN Range	Build Date Range
Certain 2001-2002 Tributes equipped with ABS	4F2 *U****1K M00212 - M67335 and 4F2 *U****2K M00002 - M66656	From April 20, 2000 through July 19, 2002

Note: The asterisk symbol "\*" can be any letter or number.

2. You have paid for the inspection, repair or replacement of the brake master cylinder reservoir cap.
3. You have an original or legible copy of the paid repair order or invoice receipt showing:
  - Vehicle model and year, and vehicle identification number (VIN)
  - Your name and address at the time of repair
  - Description of the concern reported
  - Inspection, repair or replacement of the brake master cylinder reservoir cap
4. Mail this reimbursement application form in the enclosed envelope to:

**Mazda North American Operations  
Attn: Recall Reimbursement Dept  
P.O. Box 57085  
Irvine CA 92619-7085**

### Procedure for Reimbursement Request

Once your vehicle has had the brake master cylinder reservoir cap inspected, repaired or replaced, you may apply for reimbursement by doing the following:

1. Complete the Reimbursement Application Form found on the reverse side of this page.
2. Mail the Reimbursement Application Form with a legible copy of the paid repair order and/or invoice using the enclosed envelope. Also include any applicable payment receipts, i.e. credit card receipt, cancelled check, etc.
3. **Retain copies** of the paid repair order or invoice and this application form for your records.
4. You will be reimbursed for the amount you have paid for the inspection, repair or replacement of the brake master cylinder reservoir cap.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

(SEE REVERSE SIDE FOR APPLICATION FORM)

