#### 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 2014 Mazda6 built between October 25, 2012 and May 9, 2013.
- 2. You have paid for canister inspection, repair or replacement due to malfunction indicator light (MIL) illumination and/or fuel leak, prior to launch of the recall campaign.
- 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 canister
- 4. Mail this reimbursement application form with the applicable payment receipts 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**

If your vehicle has had the canister inspected, repaired or replaced due to MIL illumination and/or fuel leak <u>prior to the</u> launch of the recall campaign, 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 <u>legible</u> copy of the paid repair order and/or invoice using the enclosed envelope. <u>Include any applicable payment receipts</u>, 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 canister due to MIL illumination and/or fuel leak.

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.

## REIMBURSEMENT APPLICATION FORM

# 2014 Mazda6 equipped with 2.5L Engine Fuel in Canister - Safety and Emission Recall 7414D

	(Please type or print)					
	Name:		1			
		First	Middle		Last	
,	Address:					
	Street Address					
		City	State		Zip Code	
		Home:				
	Phone Number:	Work:				
,	Vehicle Identification Number (VIN):					
			(17 digit	s in length)		
-	Total Amount of Reimbursement Requested:					
				Dollars	Cents	
	INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:  • Please read thoroughly					
	<ul><li>Fill in vehicle identification number</li><li>Sign the General Release (below)</li></ul>					
			Seneral Relea			
l ana a haaittin	o to Mondo Moto				ant for all increation, renair or	
		formed to date. Th			nent for all inspection, repair or ber (VIN) is:	
	VIN:					
all claims for North Americ their respecti	such inspection can Operations, ive directors, off	n/repair costs. This its regions/distrib	s release shall be utors (foreign and ployees, divisions	nefit Maz I domest	its agents, and its related entized and its authorized agent Natic), its authorized dealerships iaries, and affiliated companic	Mazda s, and all
	Dated:		Signed:			