Lexus Customer Request for Alternate Transportation Form

(Signature of vehicle owner/lessee)

Lexus De	aler:			
Dealer C	ode:			
Dealer As	ssociate Managing Requ	uest:		
Dealer As	ssociate Contact Informa	ation: Phone:	E-Mail:	
DSPM/C	all Center Associate Au	thorizing Request (Optional)	:	
Authoriza	ition Code:	Date Authorized:		
Vehicle lo	dentification Number (V	IN):		
Owner/L	essee:			
Address:				
City/State	e/ZIP:			
Home Ph	one:			
Cell Phor	ne:	(Text mess	age capable: Yes/No)
E-mail Ac	ldress:			-
	ed by Lexus. The dealer a			bove is subject to a Takata Airbag Inflator ement parts to remedy the vehicle are not
		rou with alternate transportation ne as the dealer requests that you	•	notifies you that the parts to remedy your asportation, whichever is earlier.
	edge that I will take the veh gree to the following:	icle referenced above home and	d store it while driving the	e alternate transportation provided by the
• · · · · · · · · · · · · · · · · · ·	rill periodically run the vehi will store the vehicle at my will ensure the vehicle's ke ehicle that it is not to be dr will notify the dealer and re	icle to maintain vehicle battery cl home or other safe locations at ys are secured and not accessib iven except as outlined above. eturn the alternate transportation	harge. my own risk. le to others and will notif immediately if I sell the v	when the parts for the remedy are available. y others who have regularly driven the rehicle or if I terminate/end my lease. contacted by the dealer that parts are

(Date)