

## Nissan ECM Relay Recall Reimbursement Claim Form

Please print clearly to avoid delays in processing.

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FIRST NAME:	LAST NAME:	
ADDRESS 1:		
ADDRESS 2:		
CITY:	STATE:	ZIP CODE:
DAYTIME PHONE:	EVENING PHONE:	
EMAIL ADDRESS:		
VEHICLE MODEL:		MODEL YEAR:
VIN:		
CERTIFICATION  I (We),, hereby submit this form requesting reimbursement for expenses incurred in connection with a repair/replacement of the IPDM on my MY2004-MY2006 Nissan. I certify that these repairs have been made to this vehicle and that they were not previously paid for, in whole or in part, by Nissan. I request reimbursement in the amount of \$ True and correct copies of documents in support of this request are attached. I (we) understand that this document is signed under penalty of perjury.		
OWNER SIGNATURE:		DATE:
CO-OWNER SIGNATURE:		DATE:
INSTRUCTIONS:		

- 1. Please completely fill out, sign, and date this form.
- 2. Provide the following documents, which are **required** to process your request.

(Please mark out all personal account numbers on statements for your privacy.)

- Copy of **REPAIR ORDER(S)**
- PROOF OF PAYMENT (any one of the following):
  - o Copy of credit card receipt; or
  - o Copy of credit card statement; or
  - o Copy of cancelled check; or
  - o Copy of checking account statement; or
- PROOF OF OWNERSHIP (any one of the following):
  - o Copy of registration; or
  - o Copy of proof of insurance; or
  - o Copy of sales contract (either as the buyer or seller)
- 3. Mail or fax the completed form and all required documents to the following:

ECM Relay Recall Reimbursement FAX: (800) 791-9940 P.O. Box 677 Phone: (800) 867-7669 Amherst, OH 44001

The estimated processing time is within 30 days from the date Nissan receives your request.