NVS-200

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

CL-10541668-6169

AUG 28 2013

August 19, 2013

National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE.
Washington, DC 20590

Dear Administrator:

Please find attached a second Customer Reimbursement Request for submission. In March of the current year, I submitted a request form and I was told that since payment could not be confirmed with the shop my request was denied.

Payment for repair was made and I would greatly appreciate a reimbursement for the cost of the repair.

Thank you for taking the time to review this request.

Sincerely,

[redacted]

NAM
83013
SMD

General Motors Product Field Action
Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: [redacted]

Street Address or P. O. Box Number: [redacted]

City: El Paso State: TX Zip Code: [redacted]

Daytime Telephone Number (include Area Code): [redacted]

Evening Telephone Number (include Area Code): _____

Date Request Form and Supporting Documentation Submitted to Dealer: 7/25/13

Vehicle Identification Number of Involved Vehicle: 1BNDS135672[redacted]
(17 Characters)

Mileage at Time of Repair: 100,411 Date of Repair: 2-19-13

Amount of Reimbursement Requested: $ 285

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST FORM.

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.
  (Copy of cancelled check, copy of credit card receipt or receipt for cash payment)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Customer's Signature: [redacted]

Please provide this request form and the required documents to your General Motors dealer for processing. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.

This section to be completed by dealer (please print)

Bulletin No.: _____ Request Approved: ____ Date: _____ Amount: $_____

Request Denied: ____ Date: _____ Reviewed By: _____

Reason: _____

If denied, please provide a copy of this form to the customer and retain original for your files

PLEASE PAY
FROM THIS INVOICE

INVOICE NO. 1840
DATE 2/19/13
CUSTOMER NO.
P.O NUMBER
TERMS

Mario's Auto Electric
(915) 590-0317
9701 Montana Ave
El Paso, TX 79925

2007 Chevy Trailblazer

QTY.	DESCRIPTION	AMOUNT
1	Master power window switch driver door	245.00
1	installation	40.00
	Thank you!	
	Sub Total	285.00
	Sales tax	—
	TOTAL	285.00

[redacted]

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[redacted]
El Paso, Texas [redacted]

EL PASO TX 799
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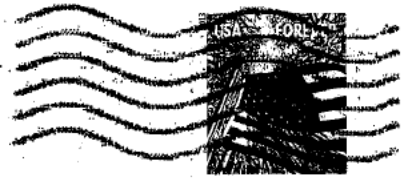

National Highway Traffic Safety
Administration
Attention: Administrator
1200 New Jersey Ave, SE
Washington, DC 20590