TO: **Service Department**

FROM: **Chris Deakins, Supervisor of Service, Warranty & Parts**

RE: **Recall 2015-01 Sprinter SRS Connector Recall**
Corrective Action Completion Form

V.I.N. (last 8 digits only):	
Owner (or Dealer if Owner unknown):	
Address, City, State/Prov.:	
Zip Code/Postal Code:	Phone (with Area Code): ( )

CHANGE OF OWNER OR ADDRESS:	
Subsequent Owner (or Dealer that sold the vehicle if unknown):	
Address, City, State/Prov.:	
Zip Code /Postal Code:	Phone (with Area Code): ( )

CORRECTIVE ACTION COMPLETED (check as required):
____ Driver Seat, Replace SRS Connecters, Inspect Wiring And Secure As Per Instructions
____ Passenger Seat, Replace SRS Connecters, Inspect Wiring And Secure As Per Instructions

CORRECTIVE ACTION COMPLETED BY:		
Service Person:	Date Completed:	
Service Center:		
Address, City, State/Prov.:		
Zip Code/Postal Code:	Labor: hours @ $ /hour = $	
Phone (with Area Code): ( )	Work Order:	Parts (if applicable)
Comments: Total Time Allowed Per Seat is 1.0 hr		HST $
		Claim Total $
Reimbursement check to be made payable to (check one): Dealer or Service Center ___ Owner ___		

PLEASE RETURN the WHITE and YELLOW COPIES *and sublet invoices in the enclosed self-addressed envelope.*

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