

TOYOTA CALIFORNIA Customer Claim Form

FOR CDSP USE

CASE NUMBER: _____

CUSTOMER NAME AND ADDRESS

<input type="checkbox"/>	Mr.	First name _____	MI _____	Last name _____
<input type="checkbox"/>	Mrs.	Street address _____		
<input type="checkbox"/>	Ms.	_____		
		City _____	State _____	Zip Code _____
	Day phone _____	Evening phone _____	Fax _____	

VEHICLE INFORMATION

Name(s) that appears on the vehicle title: _____			
Is this a leased vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>		Delivery Date: / /	
If yes, lessor's name and address: _____			
Make: _____	Model: _____	Year: _____	Current mileage: _____
Vehicle Identification Number: _____			
Selling dealer and address: _____			
Dominant Servicing Dealer: _____			

VEHICLE PROBLEM(S) (Attach legible **copies** of applicable repair orders or other documents that support your complaint)

Problem	List dealer(s) which have repaired or attempted repair (include city & state).	List the date, mileage, and repair order number for each repair attempt.	Does the problem currently exist? (Circle)	
Example: A/C won't cool properly	Autoworld, Inc Anytown, VA	4/23/99 3,500 miles #B73540	<input checked="" type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No
			<input type="radio"/> Yes	<input type="radio"/> No

Has the vehicle been involved in an accident? YES NO

If YES, give date of accident: _____ Specify damaged area: _____

Resolution Sought:

X _____

SIGNATURE(S) DATE

Return all copies of this form to:

National Center for Dispute Settlement
P.O. Box 688
Mt. Clemens, MI 48046