

Select One Below:

Documents Only Hearing
In Person Oral Hearing

**Toyota Motor Sales USA, Inc.
CDSP - 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 _____ Email _____

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: / /
Was this vehicle purchased used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is vehicle used by a business? Yes <input type="checkbox"/> No <input type="checkbox"/> % of use _____
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	Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Has the vehicle been involved in an accident?

YES NO

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

Resolution Sought:

Repurchase <input type="checkbox"/>	Replacement <input type="checkbox"/>
Repair <input type="checkbox"/>	Reimbursement <input type="checkbox"/>

Return all copies of this form to:

**California Dispute Settlement Program
P.O. Box 688
Mt. Clemens, MI 48046
(or email to: info@ncdsusa.org)**

X _____
SIGNATURE(S) DATE