



**Nissan Model Year 2003 to 2017
Evaporative Emission Vapor Vent Tube
Warranty Policy Enhancement
Reimbursement Claim Form**

Please print clearly to avoid delays in processing.

| | | | |
|--|--|----------------|-----------|
| FIRST NAME: | | LAST NAME: | |
| ADDRESS 1: | | | |
| ADDRESS 2: | | | |
| CITY: | | STATE: | ZIP CODE: |
| DAYTIME PHONE: | | EVENING PHONE: | |
| EMAIL ADDRESS: | | | |
| VEHICLE MODEL: | | MODEL YEAR: | |
| VIN: | | | |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| CERTIFICATION | | | |
| I (We), _____, hereby submit this form requesting reimbursement for expenses incurred in connection with a repair/replacement of the evaporative emission vapor vent tube on my MY03-17 Nissan vehicle. 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 :

- Please completely fill out, sign, and date this form.
- 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):
 - Copy of credit card receipt; or
 - Copy of credit card statement;
 - Copy of cancelled check; or
 - Copy of checking account statement
 - **PROOF OF OWNERSHIP** (any one of the following) :
 - Insurance Card with Name, Address, and VIN; or
 - Copy of Title or Certificate of Title or
 - Bill of Sale or
 - Vehicle Registration or
 - Verification from Company owned vehicle person is Authorized Driver
- Mail fax or email the completed form and all required documents to the following:

Nissan Consumer Affairs

FAX:

(615) 267-7771

PO Box 685003
Franklin, TN 37068-5003

Phone: (800) 647-7261
Email: nissanassist@nissan-usa.com

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