

1. Owner's Name \_\_\_\_\_ 2. Control No. \_\_\_\_\_

THIS INFORMATION REQUEST IS AUTHORIZED BY LAW. WHILE YOU ARE NOT REQUIRED TO RESPOND, YOUR COOPERATION IS NEEDED TO MAKE THE RESULTS OF THIS INVESTIGATION VALID.

3. Do you own/lease a \_\_\_\_\_ vehicle with the vehicle identification number (VIN) \_\_\_\_\_ ? \_\_\_\_\_ yes \_\_\_\_\_ no

4. If so, list the Make \_\_\_\_\_, Model \_\_\_\_\_

5. Current odometer reading \_\_\_\_\_ miles.

6. Are you the original owner/lessee? \_\_\_\_\_ yes \_\_\_\_\_ no

7. Is your vehicle \_\_\_\_\_ automatic \_\_\_\_\_ manual

8. Are you interested in participating in this program?

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ need more information.

9. May we contact you at your convenience:

Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Best time to call: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Work Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Best time to call: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US TOLL FREE AT (866)665-1228.

WHETHER OR NOT YOU PLAN TO PARTICIPATE, PLEASE RETURN THIS CARD IN THE POSTAGE PAID ENVELOPE.

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