

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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Form Approved OMB No. 158-R0146