

TESLA CALIFORNIA Customer Claim Form

FOR CDSP USE

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

Mr. First name _____ MI _____ Last name _____
 Mrs. Street address _____
 Ms. Email address _____
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 No Delivery Date: / /
If yes, lessor's name and address: _____
Make: _____ Model: _____ Year: _____ Current mileage: _____
Vehicle Identification Number: _____
Selling Tesla Store and address: _____
Dominant Servicing Tesla Store / Service Center: _____

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

Problem	List Tesla Store(s) / Service Center(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 response below	
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:

X

SIGNATURE(S)

DATE

Return all copies of this form to:

California Dispute Settlement Program
P.O. Box 526
Mt. Clemens, MI 48046