

TURBO CLASS SETTLEMENT DECLARATION OF ATTEMPT TO FIRST HAVE REPAIR PERFORMED BY VOLKSWAGEN/AUDI DEALER AT NO CHARGE

Your Full Name and Address:

First Name	MI	Last Name
Address 1		
City	State	ZIP Code

Settlement Class Vehicle Information:

Vehicle Identification Number (VIN):															
Vehicle Year								Vehicle Model							
Date of Covered Repair for Which Reimbursement is Requested								Name of Entity that Performed Said Repair							
Address of Entity that Performed Said Repair															

I hereby state the following, under penalty of perjury:

1. The repair referenced in my Claim Form was performed on my Settlement Class Vehicle by a service entity or facility that is not an authorized Volkswagen or Audi dealer.
2. Prior to that repair, I first attempted to have the repair performed by an authorized Volkswagen or Audi dealer, _____[Dealer Name] on _____[Date]. However, said dealer declined to perform the repair free of charge.

3. I have attempted in good faith to obtain copies of the documentation confirming that the above-referenced dealer declined to perform said repair free of charge; however, despite my attempt, I was not able to obtain the documentation. The following is a description of the good faith effort(s) I made to obtain the documentation, including the name(s) of the person(s) with whom I communicated, the date(s) and manner in which I contacted him/her/them, and what I was told regarding the unavailability of, or inability to obtain, copies of the records:

All of the information stated in this Declaration is true and correct to the best of my knowledge and belief, and this document is signed under penalty of perjury.

Signature of Primary Owner/Lessee

Date

MM

DD

YYYY

Signature of Secondary Owner/Lessee (if applicable)

Date

MM

DD

YYYY