



**INFINITI Model Year 2013- 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"/> <input type="text"/>		
<u>CERTIFICATION</u>		
<p>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 Infiniti 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.</p>		
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:

INFINITI Client Services
PO Box 685003
Franklin, TN 37068-5003

FAX: (615) 967-2900
Phone: (800) 662-6200, Option 7
Email: infinitiassist@infiniti.com

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