



## Reimbursement Request Form

If you have previously paid for a repair covered by this recall, or you elected to have a repair covered by this recall completed by a third-party service facility, and you wish to request reimbursement for the reasonable cost of such repair, please complete this Reimbursement Request Form *in its entirety*, and return it, along with the ORIGINAL repair receipt, to Kentucky Trailer at the address below:

**Kentucky Trailer**  
Attn: Recall-22KTB01  
3400 Robards Ct.  
Louisville, KY 40218

Form #: (Located at the top of your notification letter)

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VIN#(s) of repaired vehicle(s):

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Name of Owner to be reimbursed:

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Address of Owner:

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Contact information: (In case we have questions regarding your reimbursement)

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Payroll Use Only		
Check Number	Amount	Date
_____	_____	_____
Approved by:	_____	