

SUBARU/DENSO FUEL PUMP SETTLEMENT

Declaration of Initial Dealer Repair Request

YOUR FULL NAME AND ADDRESS:																
First Name							M.I.			Last Name						
Address																
City								State				Postal Code				
SETTLEMENT CLASS VEHICLE INFORMATION:																
Model									Model Year							
Vehicle Identification Number (VIN):																
ENTITY THAT PERFORMED REPAIR:																
Name of Entity that Performed Repair																
Address of Entity that Performed Repair											Date of Repair for Which Reimbursement is Requested:					

I hereby state the following, under penalty of perjury:

1. I submit this Declaration, together with the required Supporting Documentation, in support of my claim for reimbursement of out-of-pocket expenses I incurred for the repair or replacement of the Low Pressure Fuel Pump in my Settlement Class Vehicle, which expenses were incurred after September 24, 2024.

2. I first attempted to have the repair referenced in my Claim Form performed on my Settlement Class Vehicle by an authorized Subaru Dealer, _____ [Specify Dealer Name] on _____ [Specify Date]. However, the Subaru Dealer declined to perform the repair free of charge.

