## New Motor Vehicle Board 2415 1<sup>st</sup> Avenue, MS L242 Sacramento, CA 95818

(916) 445-1888 | nmvbmediation@nmvb.ca.gov | nmvb.ca.gov

## **MEDIATION REQUEST FORM**

Complainant Information			
First and Last Name			
Address			
State, City and Zip code			
Phone #			
Email			
Vehicle Make			
Vehicle Model			
Vehicle Year			
Date of purchase/lease			
Mileage at purchase/lease			
Current mileage			
Check all that apply (X)	X		X
Purchase		Manufacturer's Warranty	
Lease		Extended Warranty	
New		No Warranty	
Used			
Please complete all sections. If addre	ess is unknowr	n, leave blank.	
Name			
Address			
Telephone			
Email			
Servicing Dealer			
Name			
Address			
Telephone		3	
Email			

Have you provided written notice of defects

Email completed form to: NMVBmediation@nmvb.ca.gov

Yes, No or N/A

to manufacturer?	
Has manufacturer or designated agent attempted repairs?	
Complaint Details	
Expected Resolution	

IMPORTANT NOTICE: I voluntarily consent to the New Motor Vehicle Board's release of personal information contained in this form to the dealer(s), manufacturer, distributor, or other parties named herein for the purpose of mediating this dispute and until such time as the complaint is resolved or I withdraw my consent.

Sections 20 and 3000 of the California Vehicle Code make it unlawful to use a false or fictitious name or knowingly make false statement or knowingly conceal any material fact in any document filed with the New Motor Vehicle Board.