



# Motor Vehicle Fuel Service Data

- To be completed by repair facility (Please Print) -

Repair Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mechanic's Name \_\_\_\_\_

I, \_\_\_\_\_, in my professional opinion, represent to this customer and to Kwik Trip, Inc. or Kwik Star that the repairs listed on the attached repair invoice were a result of the gasoline in the vehicle. All charges for repairs are reasonable and customary for the services provided and no unnecessary services were provided.

The following is a detailed explanation of how the gasoline caused the gasoline-related claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that providing this information creates no obligation or liability.

Signed \_\_\_\_\_

Date \_\_\_\_\_

***Repair invoice must be attached to this form. All items on invoice must be legible and must indicate specific problems corrected as well as the associated dollar amount of each item. Kwik Trip, Inc. or Kwik Star retains the right to investigate all claims. Fraudulent claims will be prosecuted to the full extent of the law.***