@ntinental 🕉

TIRE SAFETY RECALL PROGRAM 23_T006

<u>Instructions for Filing a Continental Tire Canada (CTC)) Reimbursement Request Form</u> This form is to be used by any consumer who purchased tire(s) eligible for reimbursement under the CTC Tire Safety Recall Program. The tires included in the CTC Tire Safety Recall Program are :

Brand	Tire Line	Tire Size	L&S Index	Article	DOT	ONLY these DOT Weeks
Continental	CrossContact LX25	235/55 R18	100H	15491450000	1H3LWB85	1423 and 1623
Continental	CrossContact LX25	225/65 R17	102H	15509980000	11H0F9HLH	1423, 1523, 1623 and 1723

To be eligible for reimbursement you must complete a Reimbursement Request Form and submit this form with the required documents to CTC by July 31, 2024.

- For Replacement tires:
 - A copy of the receipt showing the purchase of the recalled tire(s)
 - A copy of the receipt showing the purchase of the replacement tire(s)

Customer Information	Please print clearly	File #	
Customer Name:			
Address:			
City:	State:	Zip code	-
Daytime Phone (including	area code) ()		
Recall Tire Information			
_ine:			
DOT:			
DOT week			
Replacement Tire Inforn Name of Dealer where tire			_
City:	State:	Zip code:	
Dealer Phone Number (in	cluding area code) ()Date of purchase	
Vehicle Information: Year	Make	Model	_
Amount		t (original or copy) that identifies the r	

Attach sales receipt (original or copy) that identifies the replacement tires and the total amount paid. Reimbursement will be based on submitted sales receipt, not to exceed a suggested retail price of the tire.

Upon approval of your request a refund will be mailed. Please allow 8 weeks for processing. My signature below certifies that the information contained in this Request is true and accurate.

Signature_

Paid \$

__Date____

Email or Mail Completed Form and a copy of the purchase receipt to:

Email to: continentaltire@custhelp.com

Mail to: Continental Tire Canada, Inc. 1 Robert Speck Parkway, Suite No. 900 Mississauga, Ontario L4Z 3M3 Phone: 1-855-453-1962