



VEHICLE WARRANTY REPAIR REQUEST / NONCONFORMITY REPORT

Wisconsin Department of Transportation
MV2692 5/2014 Wis. Stat. s.218.0171(2)(a) Notice

Please repair the following under the original manufacturer's warranty for my vehicle *(describe repair needed)*:

Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Identification Number (VIN)
Mileage of the Vehicle at the First Nonconformity		Purchase Price of the Motor Vehicle	
Name of Selling or Leasing Dealer or Leasing Company		Itemization of Damages Claimed by Consumer <input type="checkbox"/> None <input type="checkbox"/> See Attached Itemization	
Address, City and State of Selling or Leasing Dealer or Leasing Company			Vehicle Delivery Date (m/d/yyyy)
Name of Financial Institution(s) that Financed or Leased Vehicle or that Have a Lien on Vehicle			Loan Account Number(s) <i>(optional)</i>

Consumers: Keep a copy of this form *MV2692 Vehicle Warranty Repair Request / Nonconformity Report* for your records. You may be asked or requested to show this document if the vehicle is not satisfactorily repaired and you wish to request a replacement vehicle or a refund under state law.

Owner Name (First, MI, Last – Print)	Home (Area Code) Telephone Number <i>(optional)</i>
Co-Owner Name (First, MI, Last – Print) <i>(if any)</i>	Work (Area Code) Telephone Number <i>(optional)</i>
Email Address	FAX (Area Code) Telephone Number <i>(optional)</i>
Address, City, State, ZIP Code	

X

(Acknowledgement of Receipt by Dealer / Manufacturer Signature) (Date – m/d/yyyy)

X

(Owners Signature) (Date – m/d/yyyy)