DEMAND FOR ARBITRATION

DATE: _____

	TO:	NAME(Manufacturer's Name)				
		ADDRESS				
		CITY AND STATE ZIP CODE				
		DEALER or LESSOR NAME				
		REGISTERED OWNER				
	RE:	VEHICLE MAKE MODEL YEAR				
		() Manual Transmission or () Automatic Transmission				
		ORIGINAL PURCHASE DATE PURCHASE PRICE \$				
		VEHICLE ID NUMBER				
		ODOMETER READING at time of this application				
In accarditra		with Chapter 4811, Hawaii Revised Statutes, I (We), the undersigned party(ies), hereby demand				
i hereb	y certify	the following:				
1.	(check	only one)				
	A.	() This vehicle is used primarily for personal, family and/or household use.				
	() This vehicle is individually registered and used for business purposes as well as for personal, family or household purposes.					
	C.	() This vehicle is owned or leased by a sole proprietorship, corporation or partnership which has purchased or leased no more than one vehicle per year, used for household, individual, or personal use in addition to business use.				
11.	()	The gross weight of this vehicle does not exceed 10,000 pounds, gross vehicle weight rating.				
111.	()	I have notified the Manufacturer in writing about the alleged defect(s) and have given the Manufacturer a reasonable opportunity to correct the defect(s). (Attach three [3] copies of letter written to the Manufacturer and return receipt)				
IV.	()	My vehicle's warranty expires on (Attach three [3] copies of warranty)				

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A .	() My vehicle's defect was subject to examination or repair at least once, but continues to defect which is likely to cause death or serious bodily injury if the vehicle is driven.					
В.	 My vehicle's defect was subject to examination or repair three or more times for the problem by the manufacturer or its authorized agents, and the problem still eximplicable, complete the following) 					
	<u>Problem</u>	<u>Date</u>	<u> Date 2</u>	Date 3		
	1					
C.	() My vehicle has been ou business days during th	nt of service by reason of repa ne Lemon Law Rights period.	air for a cumulative (If applicable, com	total of thirty plete the follo		
	<u>Problem</u>	Days out of service for repair	Date Reported/Od Reading/Work Or			
	1					
	2			/		
	3		/			
	4.		/	1		
-	ect one/ EF SOUGHT () replacement	t vehicle () refund	(Do not lea	eve this section		
INCII	DENTAL EXPENSES (e.g. to	wing, rental car, etc.)	\$			
by th	reby request arbitration of my case he State Certified Arbitration Prograrbitration are true and correct to chments are records of the DCCA.	am. I certify that all stateme the best of my knowledge.	nts made in connec	tion with this		
Sign	ed:	Title:				
Nam	ne of Claimant	Attor	ney			
		ماداد ۵	nee			
Addr	ress	Addre				
Addr						
			hone			