

# EZ LUBE RESTITUTION REQUEST FORM

Please print this form and fill it out. Mail or fax the completed form and requested documents to the Office of the District Attorney. Mailing address and fax number listed at bottom of form.

Name	
Street Address & Apt.	
City	Zip Code
Telephone Number – Day: (include area code)	Evening:
Email:	
EZ Lube location:	

## Vehicle Information

Make	Model
Year	Mileage
License Plate Number (on your car at the time of the service at issue)	
EZ Lube location:	

- 1. On a separate page summarize your specific complaint regarding paying for unnecessary services or paying for a service that was never done. AND explain how you know that service was either unnecessary or never performed.** Examples:
  - a. Services performed not in line with manufacturers recommendations for the car (per vehicle manual).
  - b. Services performed on low mileage/or new car.
  - c. Service performed or product purchased not necessary for your car per dealer or manufacturer's recommendation and you were told it was necessary by EZ Lube employee.
  - d. Told by a mechanic services performed were either not necessary or were not done.
  - e. Checked car yourself or had a friend or relative check car and determined service was never performed or was unnecessary-explain how they or you determined this.
  - f. Service charged on a part that your car does not possess.
  - g. Car broke down after service.
- 2. Include any documentation you possess to support your claim.** Examples:
  - a. Estimate and/or invoice from EZ Lube.
  - b. Prior complaint lodged with Bureau of Automotive Repair or BBB.
  - c. Name, phone number, invoice and/or statement from mechanic that examined and/or serviced car subsequent to EZ Lube Service.
  - d. Statement from friend or relative that examined your car subsequent to EZ Lube Service.
  - e. Any research obtained regarding what is necessary for your car from dealer or manufacturer in determining whether a service you paid for was necessary.
  - f. If you are basing your claim on the manufacturers recommendations per mileage for car include a copy of such recommendations.
- 3. Clearly specify the exact amount you are requesting be re-funded to you.** Example- If some of the services were performed or needed and others were not, the portion that was completed and/or necessary should be deducted from the exact amount of your request.

Please print this form, fill it out and mail it and all of the requested information to:

**THE OFFICE OF THE DISTRICT ATTORNEY  
ATTENTION: DDA MICHELLE CIPOLLETTI  
401 CIVIC CENTER DRIVE WEST, SANTA ANA, CA 92701  
OR FAX TO 714-648-3636**