

# SUBARU MOBILITY ASSIST PROGRAM



**SUBARU**

*Confidence in Motion*

## Reimbursement Form

|                      |  |          |                          |            |  |             |  |
|----------------------|--|----------|--------------------------|------------|--|-------------|--|
| SURNAME              |  |          |                          | FIRST NAME |  |             |  |
| ADDRESS (#, Street)  |  |          |                          |            |  | APT. #      |  |
| CITY                 |  | PROVINCE |                          |            |  | POSTAL CODE |  |
| PHONE NUMBER         |  |          | EMAIL ADDRESS (OPTIONAL) |            |  |             |  |
| VEHICLE NUMBER (VIN) |  |          |                          |            |  |             |  |

### ADDITIONAL DOCUMENTATION REQUIRED:

- Copies of Vehicle lease/purchase documents
- A printed invoice from the NMEDA accredited installation facility indicating the following:
  - o The adaptations performed
  - o The VIN number of the vehicle
  - o Proof of payment



### SEND COMPLETED REIMBURSEMENT FORM AND REQUIRED DOCUMENTATION TO:

Subaru Canada, Inc.  
560 Suffolk Court  
Mississauga, ON  
L5R 4J7

**Attn: Mobility Assist Program**

Please allow four to six weeks for processing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_