Intake	#:

GM INFORMATION REQUEST FORM POTENTIAL CLASS MEMBER INQUIRY

Date: E-ma	ail:	
Name:		
Address:		
Home Phone No. :	Cell Phone No.:	
*Did you receive a letter/notice from GM? Yes	No	
Did other family members in the household also rece	eive a similar letter? Yes No	
Do you still have the letter(s)? Yes No		
Date on which you received GM letter (approximate)):	
Make and Model of GM Vehicles you have owned in the past 10 years:		
Have you been in any auto accidents with any of you If so, please describe:	r GM Vehicles? Yes No	
Any additional details you would like to make Clifford	d Law Offices aware of?	