

## **ODOMETER / MILEAGE DISCLOSURE STATEMENT**

	equires that you, the Lessee, disclose the mileage to the wnership of the leased vehicle. Failure to complete or es and/or imprisonment.
I, state that th and to the best of my knowledge that it ref unless one of the following statements is	e odometer now reads (no tenths) miles lects the <b>actual mileage</b> of the vehicle described below, checked.
	my knowledge the odometer reading reflects the amount hanical limits, i.e., the odometer has turned over
I hereby certify that the odometer	er reading is <b>NOT</b> the actual mileage.
Vehicle Identification Number:	
Year, Make, Model, Body Type:	
Lessee's Name(s)	
Lessee's Address	
Lessee's Signature(s)	
Date	
DO NOT V	/RITE BELOW THIS LINE
Lease Account Number:	
Lessor's Name:	Hyundai Motor Finance
Lessor's Address:	P.O. BOX 20829, Fountain Valley, CA 92728-0829
Date Disclosure Form sent to Lessee:	
Date Completed Disclosure Form Received from Lessee	
Lessor's Signature:	
Name and Title:	



## LEASED VEHICLE RETURN RECEIPT

IMPORTANT NOTICE TO DEALER: Upon your receipt of the leased vehicle, please: (1) Fill in the Date Vehicle Received, Odometer Reading and dealership information, and sign on both portions of this form, (2) give the customer the bottom portion, (3) fax this Dealer Portion and any repair receipts or other documents received from the lessee within 3 days to: Hyundai Motor Finance Attn: Lease Returns, Fax No. (714) 965-3995, and (4) call us at (800) 523-4030 to advise us of the return of the vehicle. Thank you!

Lessee Name(s):		
Leased Vehicle	VIN:	
Odometer Reading:		-
	am a duly authorized representative of the dealership named below. On bel	
said dealership, I certify that the vehicle's described above on the date set forth about the da	odometer reading is as stated above and I acknowledge receipt of the vehicle ve.	е
Dealer Signature:	Dealership:	
	Street Address:	
PRINT NAME AND TITLE	City, State Zip	
	Phone:	
0.4	(Dealer Portion of Form)	
Motor Finance Attn: Lease Returns, Fax I returned your vehicle.  Lessee	LEASED VEHICLE RETURN RECEIF  Please retain this completed portion for your records. Also, please contact Hy No. (714) 965-3995, and call us promptly at (800) 523-4030 to notify us that you	yundai
Leased Vehicle:	VIN:	9
Odometer		
Reading:	Date Vehicle Received:	
DEALERSHIP ACKNOWLEDGEMENT: said dealership, I certify that the vehicle's described above on the date set forth about the set	am a duly authorized representative of the dealership named below. On bel odometer reading is as stated above and I acknowledge receipt of the vehicle ve.	half of e
Dealer Signature:	Dealership:	
000 <b>¥</b> 000000000000000000000000000000000	Street Address:	
PRINT NAME AND TITLE	City, State Zip:	
	Phone:	