

# **PAA** Compliance Review Request

Dealership: \_\_\_\_\_

Dealership Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## **Your Interested in the following reviews:**

8300 Cash Reporting

Motor Vehicle Sales Financing

Privacy & Safeguarding

Safety Inspection

Sales Process

Sales & Use Tax

EMAIL FORM