

CLAIM FORM

YOU MUST SUBMIT THIS FORM TO RECOVER ANY MONEY

To receive money from the settlement, complete this form and return it to the following address. It must be **received** by the Settlement Administrator no later July 31, 2017. You may also submit the form electrically at www.emeraldcitycomiconclassaction.com.

Brooks v. Eitane Emerald Settlement Administrator
Post Office Box 470
Tallahassee, Florida 32302-0470

Name: _____

Your Social Security Number (for verification): _____-_____-_____
(Failure to provide a Social Security Number may result in higher tax withholdings).

Dates you Volunteered:_____

Hours you volunteered:_____

Email address you used to volunteer:_____

Department in which you volunteered:_____

Name of Department head: _____

General duties performed: _____

Address: _____
Street (*please use your permanent mailing address*)

City	State	Zip
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Phone: _____

Current Email Address: _____

Signature: _____

Date: _____

If you change your address or phone number after sending in this form, please contact the Settlement Administrator at 866-854-4173 or Class Counsel at 206-388-5887. If you do not update your contact information, you may not receive your payment.