



**3045 Godwin Terrace Class Action Claim Form**

I (we) do hereby swear (or affirm) under penalties of perjury, that the information listed above is true and accurate to the best of my (our) knowledge, that I am (we are) entitled to file this Claim Form and receive any cash payments that may be owed as to the above leases under the Settlement of this Action, and that this Claim Form was executed by me (us) at the place(s) and date(s) noted above.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Signature of Tenant Claimant  
City State Date

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Signature of Co-Tenant Claimant (if any)  
City State Date

\_\_\_\_\_  
Print Your Name

*If signed by an authorized Legal Representative of a Claimant or Co-Tenant Claimant:*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Signature of Person Signing for Claimant  
City State Date

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Capacity of Person signing for Claimant  
(e.g., Executor, Administrator, President, etc.)

**REMINDER: YOU MUST SIGN THIS FORM AND MAIL IT POSTMARKED ON OR BEFORE JULY 23, 2020 TO LEAD COUNSEL AT THE ADDRESS ON THE FIRST PAGE OF THIS FORM TO THE APPROPRIATE ADDRESS BY THAT DATE WILL RESULT IN FORFEITURE OF ANY CASH PAYMENT TO WHICH YOU MIGHT OTHERWISE BE ENTITLED**