NYSCEF DOC. NO. 211

INDEX NO. 20843/2018E
RECEIVED NYSCEF: 05/11/2021

## **3045 Godwin Terrace Class Action Claim Form**

TYPE OF CLAIM BEING SUBMITTED: (check the appropriate box):

I am submitting: [ ] a claim for myself only [ ] a joint claim for myself and others.

PERSONAL INFORMATION: Please provide your name and current contact information. If this is a Joint Claim, all co-tenants must provide their names and current contact information.

Last Name	First Name	Middle Name	Daytime Phone Number
Current Street Addre	ess/Apt. No.	City	Zip Code
Email Address:			
Co-Tenant Last Name	First Name	Middle Name	Daytime Phone Number
Current Street Addre	ess/Apt. No.	City	Zip Code
Email Address:			
Co-Tenant Last Name	First Name	Middle Name	Daytime Phone Number
Current Street Addre	ess/Apt. No.	City	Zip Code
Email Address:			

RENTAL INFORMATION: Please provide the address(es) of the apartment(s) which you rented at 3045 Godwin Terrace from January 23, 2014 to the present, and the names of any co-tenants who signed the lease along with you.

Street Address and Apt. No.	Lease Start Date	Lease End Date	Co-Tenants (if any)

FILED: BRONX COUNTY CLERK 05/11/2021 05:18 PM

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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.

City	State	Date	Signature of Tenant Claimant
			Print Your Name
City	State	Date	Signature of Co-Tenant Claimant (if any)
			Print Your Name
signed by	an authorized	l Legal Repres	sentative of a Claimant or Co-Tenant Claimant:
	an authorized	<i>⊙</i>	
	<i></i>	d Legal Repres	Signature of Person Signing for Claimant
isigned by	<i></i>	<i>⊙</i>	
	<i></i>	<i>⊙</i>	Signature of Person Signing for Claimant

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