Holman v. Experian Information Solutions, Inc.

CLAIM FORM

Notice Administrator

FIH

c/o [SETTLEMENT ADMINISTRATOR] P.O. Box XXXXX City, ST XXXXX-XXXX

Questions? Call 1-000-000-0000 or go to www.___.com.

		Name/Address Changes (if any):			
	100002601	First Name	First Name Last Name		
	Control #: EIH-«ClaimID» «MailRec» «First1» «Last1»	Address			
«co» «Addr1» «Addr2» «City», «ST» «Zip» «Country»		City	, Sta	ate 2	Zip
	this whole form. Please fold the completed for nent Administrator. You do not need to put the form	•	•	r tape it :	shut, and return it to the
	You must fill ou	ıt and return this form by	Month 00, 2014		
or befo	rm will be used to decide if you should receive a Core, 2014, may be eligible for the ation asked for below.				
include	ct that you have received this notice does not mean and with this Claim Form, or that you will get money COMPLETE THIS CLAIM FORM.				
1.	Did you own a car, truck or other vehicle that wa Circle YES or NO.	s towed between 2006 a	nd 2010 that you did no	t get back	?
	YES NO				
2. to	Did you ask to have your vehicle towed? For ex tow your car. Circle YES or NO.	ample, did you ask the p	olice or a car club, like t	he AAA,	or a towing company
	YES NO				
3.	Did a court order you to pay towing charges? C	ircle YES or I	VO.		
	YES NO				
Identit	y Verification: In order to confirm your identity, pl	ease provide <i>ONLY ONE</i>	of the following two pie	eces of inf	formation:
	Last four digits of your Social Security Number:				
	OR Month and Year of your birth (mm/yy): /				
I declar	re under penalty of perjury under the laws of the U	nited States of America tl	nat the foregoing is true	and corre	ect.
Date:	Sig	nature:			
If we no	eed to get in touch with you, please give us the be	st way to do so (phone, e	mail address, etc.):		