

ICTECH-BENDICK ET AL. V. WASTE CONNECTIONS BAYOU, INC., ET AL.

United States District Court for the Eastern District of Louisiana (Case No. 2:18-cv-07889-SM-MBN)

CLAIM FORM

CLAIM SUBMISSION DEADLINE: 03/20/2025

Section 1: Claimant Information

***Complete Section 1 with your current contact information and current mailing address, even if it is not in the Class Area. This is the address that will be used for all correspondence, including payment, if your claim is accepted.**

First Name _____

Last Name _____

Suffix _____

Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number) _____

City _____

State _____

Zip Code _____

Email Address (Required) _____

Phone Number (Required) _____

Social Security/Tax Identification Number (Required) _____

Section 2: Property Information

***Complete Section 2 for the property where you resided within the Class Area. For more than one address/property, please submit a separate claim form for each address. Please visit the case website to download an additional claim form.**

Property Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number) _____

City _____

State _____

Zip Code _____

Property Type (Choose One)

Single Family Residence

Multi-Family Residence (duplex, quadplex, etc.)

Apartment Complex

Other (Please Specify)

Dates of Residency: _____

_____/_____/_____ to _____/_____/_____

Section 3: Certification

I affirm under the laws of the United States and the State of Louisiana that the information supplied in this Claim Form by the undersigned is true and correct to the best of my recollection, and that this form was executed on the date set forth below. I understand that I may be asked to provide supplemental information to the Claims Administrator and/or Special Master before my claim will be considered complete and valid.

Each Claim Form must be signed by the Class Member seeking to participate in the Settlement.

Signature: _____

Printed Name: _____

Date: ____/____/____

Section 4: Certification

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REMINDER CHECKLIST

1. Complete all sections of this Claim Form.
2. Sign and date the Claim Form in Section 3.
3. Mail your completed Claim Form to the Settlement Administrator. Please keep a copy of your completed Claim Form for your records. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form. You can update your contact information at www.JPLandfillclass.com.