

LONDON TERRACE GARDENS **CLASS ACTION CLAIM FORM**

ATTENTION: To make a claim for a possible payment pursuant to the Settlement of the action titled *Dugan v. London Terrace Gardens L.P.*, Sup. Ct. N.Y. Co., Index No. 603468/2009 (which is otherwise known as the “London Terrace Gardens Class Action”), please complete this form and mail it to the Claims Administrator at the following address, **postmarked on or before October 15, 2024**; or complete the form online **on or before October 15, 2024**, at www.londonterracegardensettlement.com.

London Terrace Gardens Class Action
c/o JND Class Action Administration
PO Box 91226
Seattle, WA 98111

Questions? Contact the Claims Administrator toll-free at 1-844-552-0063
or visit www.londonterracegardensettlement.com

INSTRUCTIONS:

1. Every co-tenant who signed your lease or leases for any apartment that is subject to the Settlement **must sign and submit a separate Claim Form.**
2. **Failure to mail a fully completed form to the appropriate address by the deadline will result in forfeiture of any cash payment to which you might otherwise be entitled.**

NOTICE: By signing this form, you are stating, representing and warranting, under penalty of perjury, that you are a person who signed one or more leases for the apartment(s) you identify on the form, or an authorized legal representative of such a person within the meaning of paragraph 3(e) of the Stipulation and Agreement of Settlement in this Action, who is entitled to file a claim for rent reimbursement relating to the apartment(s) you identify on the form, and that you have not sold, assigned, pledged, transferred or lost through bankruptcy, divorce proceeding or, to the best of your knowledge, by any other operation of law, the right to receive the full reimbursement that may be available to you under the Settlement.

REMINDER: YOU MUST SIGN THIS FORM AND MAIL IT POSTMARKED ON OR BEFORE OCTOBER 15, 2024, TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS ON THE FIRST PAGE OF THIS FORM. FAILURE TO MAIL A FULLY COMPLETED FORM TO THE APPROPRIATE ADDRESS BY THAT DATE WILL RESULT IN FORFEITURE OF ANY CASH PAYMENT TO WHICH YOU MIGHT OTHERWISE BE ENTITLED.

CLAIM FORM

PERSONAL INFORMATION:

Please provide your name and current contact information.

First Name

MI

Last Name

Current Mailing Address

Apt # / Unit

City

State

Zip

(____)____-_____
Daytime Phone Number

ATTESTATION:

I (we) do hereby swear (or affirm), under penalty 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 payment 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 below.

Signature of Tenant Claimant

City

State

Date

Print Your Name

Capacity (if signed by authorized Legal Representative)