

CLAIM FORM

CLASS ACTION SETTLEMENT

If your vehicle was booted/immobilized by Boot Man, Inc. d/b/a Premier Parking Enforcement (“Boot Man”), you were in possession of a vehicle that was booted/immobilized by Boot Man, or you paid to have a vehicle immobilization device/”boot” removed by Boot Man in Atlanta, Georgia, between August 9, 2012, to December 31, 2018, you may be eligible for a payment in this settlement. For complete details of which parking lots and time period are included in this settlement, please review the Class Action Notice at www.BootingClassAction.com

Please print (or type) clearly in blue or black ink. This Claim Form must be submitted online or mailed and postmarked by **September 26, 2022**. If you have more than one claim, please submit a separate Claim Form for each of your claims.

1. CLASS MEMBER INFORMATION

Name: _____

Address: _____

Number and Street

City

State

Zip Code

Phone: _____ Email: _____

2. LOSS/ CLAIM INFORMATION

Address or Parking Lot Where Booting Occurred

Address or Parking Lot

City

Date of Booting: ____/____/____
Month/Day/Year

License Plate Number of Booted Vehicle: _____

PLEASE CERTIFY:

I owned a vehicle that was booted.

Yes _____ No _____ I do not know _____

I was in possession or control of a vehicle that was booted.

Yes _____ No _____ I do not know _____

I personally paid to have the boot removed.

Yes _____ No _____ I do not know _____

I paid the following to Boot Man via credit card / cash / check (circle one) to have the boot removed \$ _____.

3. DOCUMENTATION

Attach any documents that you have showing:

- The vehicle that was booted by Boot Man;
- Where and when the booting occurred;
- That you were driving the vehicle that was booted; and
- That you made payment to Boot Man to have the boot removed (i.e., receipts, credit card statements).

4. SIGN, DATE AND SUBMIT YOUR CLAIM FORM

Pursuant to 28 U.S. Code § 1746, I certify under penalty of perjury under the laws of the United States of America that I have read this Claim Form; I believe I am eligible for Class membership; all of the information on this Claim Form is true and correct to the best of my knowledge; I have made a diligent search for the documents described in Part 3 above; and I have attached to or enclosed with this Claim Form all documents that I have been able to locate.

Signature

Print Name

_____/_____/_____
Month/Day/Year

5. MAIL YOUR CLAIM FORM

Claim Forms must be postmarked by **September 26, 2022** and mailed to:

Boot Man Settlement Claims
c/o Atticus Administration
PO Box 64053
Saint Paul, MN 55164

6. CLAIMS ADMINISTRATION

Please be patient. You will receive a letter telling you if you qualify for a payment. The letter will explain the process and deadlines to resolve any disagreement you may have with this determination.